

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007913

Entity Name: DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE
FOUNDATION, INC.**FILED**
Jan 12, 2017
Secretary of State
CC4895117767**Current Principal Place of Business:**4422 E. COLUMBUS DRIVE
TAMPA, FL 33605**Current Mailing Address:**4422 E. COLUMBUS DRIVE
TAMPA, FL 33605**FEI Number: 45-3036832****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ULREY, MARY LYNN
4422 EAST COLUMBUS DRIVE
TAMPA, FL 33605 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: MARY LYNN ULREY****01/12/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ULREY, MARY L
Address	4422 E. COLUMBUS DRIVE
City-State-Zip:	TAMPA FL 33605

Title	DIRECTOR
Name	HILLS, HOLLY
Address	4422 E. COLUMBUS DRIVE
City-State-Zip:	TAMPA FL 33605

Title	DIRECTOR
Name	WILLIAMS, ROB
Address	4422 E. COLUMBUS DRIVE
City-State-Zip:	TAMPA FL 33605

Title	OFFICER
Name	JOHNSON, MARCUS B
Address	4422 EAST COLUMBUS DRIVE
City-State-Zip:	TAMPA FL 33605

Title	OFFICER
Name	DONALDSON, DAVID
Address	3614 W. BARCELONA STREET
City-State-Zip:	TAMPA FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY LYNN ULREY**PRESIDENT****01/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date