I hereby certify that the information indicated on this report or supplemental report is true and a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e		
above, or on an attachment with all other like empowered.		a olarados, ana inar my namo appouro
SIGNATURE: MARY LYNN ULREY	CEO	01/28/2019

SIGNATURE: MARY	I YNN	

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent Tit Na Ado Citv Titl Na Е Add

Of

City-State-Zip: TAMPA FL 33605

	Electronic Signature of Registered Agent		
fficer/Dire	ctor Detail :		
itle	PRESIDENT	Title	DIRECTOR
ame	ULREY, MARY L	Name	HILLS, HOLLY
ddress	4422 E. COLUMBUS DRIVE	Address	4422 E. COLUMBUS DRIVE
ity-State-Zip:	TAMPA FL 33605	City-State-Zip:	TAMPA FL 33605
itle	DIRECTOR	Title	OFFICER
ame	WILLIAMS, ROB	Name	JOHNSON, MARCUS B
ddress	4422 E. COLUMBUS DRIVE	Address	4422 EAST COLUMBUS DRIVE

City-State-Zip: TAMPA FL 33605

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.

TAMPA FL 33605 US

## Name and Address of Current Registered Agent:

ULREY, MARY LYNN 4422 EAST COLUMBUS DRIVE TAMPA, FL 33605 US

4422 E. COLUMBUS DRIVE

# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N11000007913

### Entity Name: DACCO BEHAVIORAL HEALTH FOUNDATION, INC

### **Current Principal Place of Business:**

TAMPA, FL 33605

### **Current Mailing Address:**

4422 E. COLUMBUS DRIVE

# FEI Number: 45-3036832

SIGNATURE: MARY LYNN ULREY

FILED Jan 28, 2019 Secretary of State 9684682020CC

01/28/2019

Date

Certificate of Status Desired: Yes

01/28/2019

Date