

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 726954 (1)**

1. Corporation Name

**DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, IN C.**



Principal Place of Business

**4422 E COLUMBUS DR  
TAMPA FL 33605**

Mailing Address

**4422 E COLUMBUS DR  
TAMPA FL 33605**

3. Date Incorporated or Qualified  
**07/16/1973**

3a. Date of Last Report  
**03/15/1995**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number  
**59-1514993**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARISI, MARGO L  
4010 MOUNTAIN SPRINGS LANE  
TAMPA FL 33624**

81 Name

**WILLIAM H. JAMES**

82 Street Address (P.O. Box Number is Not Acceptable)

**3735 Cold Creek Drive**

83

**Valrico, FL 33594**

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD  
CASPER, SUSAN**  
STREET ADDRESS **905 S. DAKOTA AVE.**  
CITY - ST - ZIP **TAMPA FL 33606**

TITLE ☐ DELETE

NAME **VPD  
MUNIZ, JULIO, C**  
STREET ADDRESS **707 AZEELE ST**  
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **SD  
ESTES, MARY**  
STREET ADDRESS **2906 COACHMAN AVE**  
CITY - ST - ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **VD  
WILMOUTH, JIM**  
STREET ADDRESS **4355 HENDERSON BLVD**  
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **P  
DWYER, BRIAN**  
STREET ADDRESS **3802 COCONUT PALM DR.**  
CITY - ST - ZIP **TAMPA FL 33630**

TITLE ☐ DELETE

NAME **D  
MANER, C. MACHELLE**  
STREET ADDRESS **100 S ASHLEY DR #1000**  
CITY - ST - ZIP **TAMPA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**VPD**

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

**PD**

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

**TD**

☒ Change ☐ Addition

4.2 NAME

**ANN LEAVENGOOD GILES**

4.3 STREET ADDRESS

**4400 NORTH ARMENIA AVENUE**

4.4 CITY - ST - ZIP

**TAMPA, FL 33607**

☒ Change ☐ Addition

5.1 TITLE

**D**

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

**VPD**

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)