

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726954** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**4422 E COLUMBUS DR
TAMPA FL 33605**

**4422 E COLUMBUS DR
TAMPA FL 33605**

3. Date Incorporated or Qualified

07/16/1973

4. FEI Number

59-1514993

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JANES, WILLIAM H.
3735 COLD CREEK DR
VALRICO FL 33594**

81 Name

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

83

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

William H. Janes, Executive Director **2/3/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☒ DELETE
NAME **CASPER, SUSAN**
STREET ADDRESS **905 S. DAKOTA AVE.**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **Treasurer** ☐ Change ☒ Addition
1.2 NAME **Michael D. Melfitano**
1.3 STREET ADDRESS **161 E. Kennedy Blvd.**
1.4 CITY-ST-ZIP **Tampa FL 33602**

TITLE **PD** ☐ DELETE
NAME **MUNIZ, JULIO, C**
STREET ADDRESS **601 BAYSHORE BLVD 645**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **Director** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **JIM WILMOUTH**
STREET ADDRESS **4400 N ARMENIA AVE**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE **1st Vice President** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DWYER, BRIAN**
STREET ADDRESS **3802 COCONUT PALM DR.**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **1609 W. Brandon Blvd. #105**
5.4 CITY-ST-ZIP **Brandon FL 33511**

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

6.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William H. Janes, Executive Director

2/3/98 984-0909

CR2E037 (10/97)