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Mar 04, 1999 8:00 am
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03-04-1999 90044 001 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726954

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/16/1973

4. FEI Number

59-1514993

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JANES, WILLIAM H.
3735 COLD CREEK DR 7000 Beach Plaza, Apt. 5
VALRICO FL 33594 St. Petersburg, FL 33706

10. Name and Address of New Registered Agent

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

12.

OFFICERS AND DIRECTORS

T ☐ DELETE

NAME MELFITANO, MICHAEL D.
STREET ADDRESS 101 E. KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33602

D ☐ DELETE

NAME MUNIZ, JULIO, C
STREET ADDRESS 601 BAYSHORE BLVD 645
CITY-ST-ZIP TAMPA FL

SD ☒ DELETE

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

FVP ☐ DELETE

NAME JIM WILMOUTH
STREET ADDRESS 4400 N ARMENIA AVE
CITY-ST-ZIP TAMPA FL

D ☐ DELETE

NAME DWYER, BRIAN
STREET ADDRESS 1609 W. BRANDON BLVD #105
CITY-ST-ZIP BRANDON FL 33511

P ☐ DELETE

NAME 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD
Robert V. Williams
One Tampa City Center
Tampa FL 33602

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

405 North Reo Street, #240
Tampa FL 33609

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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, with all other like empowered.

SIGNATURE: William H. Janes, Executive Director

William H. Janes 813/984-0909
Date 2/16/99 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)