2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726954

FILED Jan 04, 2011 Secretary of State

Entity Name: DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, INC.

Current Principal Place of Business: New Principal Place of Business:

4422 EAST COLUMBUS DRIVE

TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

4422 EAST COLUMBUS DRIVE

TAMPA, FL 33605

FEI Number: 59-1514993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: DONALDSON, DAVID

Address: 3614 WEST BARCELONA STREET

City-St-Zip: TAMPA, FL 33629

Title: 1VP

Name: HILLS, HOLLY PH.D.

Address: 13301 BRUCE B. DOWNS BLVD.

City-St-Zip: TAMPA, FL 33612

Title: TREA

 Name:
 WILLIAMS, ROBERT V

 Address:
 P.O. BOX 380

 City-St-Zip:
 TAMPA, FL 33601

Title: 2VP

Name: GIESEKING, BILL

Address: 4121 NORTH 50TH STREET

City-St-Zip: TAMPA, FL 33610

Title: SEC

Name: WHITE, ANDREA

Address: 4145 SOUTH FAULKENBURG ROAD

City-St-Zip: RIVERVIEW, FL 33578

Title: DIR

Name: HAMPTON, HIRAM

Address: 3310 WEST SAN NICHOLAS STREET

City-St-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: DAVID DONALDSON PRES 01/04/2011