2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 726954

Entity Name: DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, INC.

Current Principal Place of Business:

4422 EAST COLUMBUS DRIVE
.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

4422 EAST COLUMBUS DRIVE
.
TAMPA, FL 33605

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: HILLS, HOLLY PH.D.
Address: 13301 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: 1VP
Name: GIESEKING, BILL
Address: 4121 NORTH 50TH STREET
City-St-Zip: TAMPA, FL 33610

Title: TREA
Name: WILLIAMS, ROBERT V
Address: P.O. BOX 380
City-St-Zip: TAMPA, FL 33601

Title: 2VP
Name: DURHAM, JENNIFER
Address: 4300 WEST CYPRESS STREET, #600
City-St-Zip: TAMPA, FL 33607

Title: SEC
Name: WHITE, ANDREA
Address: 4145 SOUTH FALKENBURG 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: HOLLY HILLS PRES 01/03/2012
Electronic Signature of Signing Officer or Director Date