

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004531

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: FRIENDS OF DACCO, INC.

## Current Principal Place of Business:

4422 EAST COLUMBUS DRIVE  
TAMPA, FL 33605

## New Principal Place of Business:

## Current Mailing Address:

18302 HIGHWOODS PRESERVE PKWY, STE 114  
TAMPA, FL 33647 US

## New Mailing Address:

4422 EAST COLUMBUS DRIVE  
TAMPA, FL 33605

FEI Number: 59-3588906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ULREY, MARY L  
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: PCD ( ) Delete  
Name: PICCIANO, JOHN R  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

Title: SDEV ( ) Delete  
Name: O'SHEA, JAMES  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: ANASTASI, LAWRENCE  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: COHEN, HANNAH  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASPER, SUSAN  
Address: 905 SOUTH DAKOTA AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: VPD (X) Change ( ) Addition  
Name: DONALDSON, DAVID  
Address: 4400 NORTH ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33603

Title: SD (X) Change ( ) Addition  
Name: ULREY, MARY L  
Address: 4422 EAST COLUMBUS DRIVE  
City-St-Zip: TAMPA, FL 33605

Title: TD (X) Change ( ) Addition  
Name: WILLIAMS, ROBERT V  
Address: ONE TAMPA CITY CENTER, SUITE 3200  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY LYNN ULREY

SD

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date