

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726954

FILED
Jan 03, 2013
Secretary of State
CC2563813046**Entity Name:** DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE,
INC.**Current Principal Place of Business:**

4422 EAST COLUMBUS DRIVE

TAMPA, FL 33605

Current Mailing Address:

4422 EAST COLUMBUS DRIVE

TAMPA, FL 33605

FEI Number: 59-1514993**Certificate of Status Desired: Yes****Name and Address of Current 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**Officer/Director Detail :**Title PRES
Name HILLS, HOLLY PH.D.
Address 13301 BRUCE B. DOWNS BLVD.
City-State-Zip: TAMPA FL 33612Title 1VP
Name GIESEKING, BILL
Address 4121 NORTH 50TH STREET
City-State-Zip: TAMPA FL 33610Title TREA
Name WILLIAMS, ROBERT V
Address P.O. BOX 380
City-State-Zip: TAMPA FL 33601Title CEO
Name ULREY, MARY LYNN
Address 4422 EAST COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605Title SEC
Name WHITE, ANDREA
Address 4145 SOUTH FALKENBURG ROAD
City-State-Zip: RIVERVIEW FL 33578Title DIR
Name HAMPTON, HIRAM
Address 3310 WEST SAN NICHOLAS STREET
City-State-Zip: TAMPA FL 33629Title CFO
Name ALLEN, NOEL A
Address 4422 EAST COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

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: MARY LYNN ULREY**CEO****01/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date