**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 18, 2020**
**Secretary of State**
**5532204918CC**

DOCUMENT# N03000009839

**Entity Name:** HERNANDO COUNTY COMMUNITY ANTI-DRUG COALITION CORP.

**Current Principal Place of Business:**

13001 SPRING HILL DRIVE
SPRING HILL, FL 34609

**Current Mailing Address:**

13001 SPRING HILL DRIVE
SPRING HILL, FL 34609 US

**FEI Number: 20-0450051**

**Certificate of Status Desired:** Yes

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

WATSON, TRESA J
13001 SPRING HILL DRIVE
SPRING HILL, FL 34609 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 | Title | VP |
| Name | SMTIH, JANICE | Name | MARRERO, SANDRA |
| Address | 13001 SPRING HILL DRIVE | Address | 13001 SPRING HILL DRIVE |
| City-State-Zip: | SPRING HILL FL 34609 | City-State-Zip: | SPRING HILL FL 34609 |
| Title | ED | Title | TSR |
| Name | WATSON, TRESA J | Name | MAUREEN , SOLOMAN |
| Address | 13001 SPRING HILL DRIVE | Address | 13001 SPRING HILL DRIVE |
| City-State-Zip: | SPRING HILL FL 34609 | City-State-Zip: | SPRING HILL FL 34609 |

*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: TRESA WATSON EXECUTIVE DIRECTOR 01/18/2020

Electronic Signature of Signing Officer/Director Detail — Date