

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007913

**Entity Name:** DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE  
FOUNDATION, INC.**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC9839349348****Current Principal Place of Business:**4422 E. COLUMBUS DRIVE  
TAMPA, FL 33605**Current Mailing Address:**4422 E. COLUMBUS DRIVE  
TAMPA, FL 33605**FEI Number: 45-3036832****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: MARY LYNN ULREY****01/16/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title D  
Name ULREY, MARY L  
Address 4422 E. COLUMBUS DRIVE  
City-State-Zip: TAMPA FL 33605Title D  
Name HILLS, HOLLY  
Address 4422 E. COLUMBUS DRIVE  
City-State-Zip: TAMPA FL 33605Title D  
Name WILLIAMS, ROB  
Address 4422 E. COLUMBUS DRIVE  
City-State-Zip: TAMPA FL 33605Title OFFICER  
Name JOHNSON, MARCUS B  
Address 4422 EAST COLUMBUS DRIVE  
City-State-Zip: TAMPA FL 33605Title OFFICER  
Name DONALDSON, DAVID  
Address 3614 W. BARCELONA STREET  
City-State-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: MARY LYNN ULREY****CEO****01/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date