

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0300009839

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

**FILED**  
**Feb 04, 2024**  
**Secretary of State**  
**2257320217CC**

**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  
Name            SMTIH, JANICE  
Address        13001 SPRING HILL DRIVE  
City-State-Zip: SPRING HILL FL 34609

Title            VP  
Name            MARRERO, SANDRA  
Address        13001 SPRING HILL DRIVE  
City-State-Zip: SPRING HILL FL 34609

Title            ED  
Name            WATSON, TRESA J  
Address        13001 SPRING HILL DRIVE  
City-State-Zip: SPRING HILL FL 34609

Title            TSR  
Name            MAUREEN , SOLOMAN  
Address        13001 SPRING HILL DRIVE  
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 J. WATSON

EXECUTIVE DIRECTOR

02/04/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date