

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

PS 102

DOCUMENT # N03000005482 1. Entity Name DEPRESSION AND BIPOLAR SUPPORT ALLIANCE FLORIDA, INC.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED JUN 24 PM 12:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA 4/15/04 90018 012 61.25 </div>	
Principal Place of Business P.O. BOX 3625 PENSACOLA, FL 32516-3925			Mailing Address P.O. BOX 3625 PENSACOLA, FL 32516-3925		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 06162004 Chg-NP CR2E037 (10/03)	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUSH, NEIL 1603 MAGDALENE MANOR DR. TAMPA, FL 33613				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL, BUSH			NAME	
STREET ADDRESS	1603 MAGDALENE MANOR DR.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33613			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, TONI			NAME	
STREET ADDRESS	524 BRIARWOOD DR.			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32506			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLOWAY, DAVID			NAME	
STREET ADDRESS	13351 JOHNSON BEACH RD 20 E			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32507			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTH, RICHARD			NAME	
STREET ADDRESS	19883 VINTAGE TRACE CIR.			STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33912			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, CHARLES			NAME	
STREET ADDRESS	1163 SE 6TH CT.			STREET ADDRESS	
CITY-ST-ZIP	DANIA BEACH, FL 33004			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROXANNE			NAME	
STREET ADDRESS	P.O. BOX 3625			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 325163925			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Neil Bush</u> NEIL BUSH <u>6/14/04</u> <u>813-961-8326</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-1212296 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested Depression and Bipolar Support Alliance of Florida		
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name Neil Bush
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1803 Magdalene Manor		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code Tampa FL 33613		5b City, state, and ZIP code
6* County and state where principal business is located County Hillsborough State FL		
7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, EIN
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ non-profit <input type="checkbox"/> Other (specify) ▶ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ </div> <div> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </div> </div>		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country
9* Reason for applying (check only one) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ new corporation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </div> </div>		
10* Date business started or acquired (month, day, year) FEB 15 2003		11 Closing month of accounting year
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i> ▶		Agriculture Household Other <div style="text-align: right;">0</div>
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) people with mood disorder		
15* Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Support people living with mood disorders		
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Note: If "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN		
Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
	Designee's name Address and ZIP code	Designee's telephone number (include area code) () - Designee's fax number (include area code) () -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) NEIL BUSH PRESIDENT		
		Applicant's telephone number (include area code) (813) 961-8326