2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2005
Secretary of State

DOCUMENT# N03000005482

Entity Name: DEPRESSION AND BIPOLAR SUPPORT ALLIANCE FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 3625
PENSACOLA, FL 325163925

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3625
PENSACOLA, FL 325163925

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSH, NEIL
1603 MAGDALENE MANOR DR.
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

BEARD, TONI
524 BRIARWOOD DRIVE
PENSACOLA, FL 32506 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: TONI LOUISE BEARD 08/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEIL, BUSH
Address: 1603 MAGDALENE MANOR DR.
City-St-Zip: TAMPA, FL 33613

Title: V ( ) Delete
Name: BEARD, TONI
Address: 524 BRIARWOOD DR.
City-St-Zip: PENSACOLA, FL 32506

Title: V ( ) Delete
Name: CALLOWAY, DAVID
Address: 13351 JOHNSON BEACH RD 20 E
City-St-Zip: PENSACOLA, FL 32507

Title: V ( ) Delete
Name: WORTH, RICHARD
Address: 19883 VINTAGE TRACE CIR.
City-St-Zip: FT. MYERS, FL 33912

Title: T ( ) Delete
Name: ROGERS, CHARLES
Address: 1163 SE 6TH CT.
City-St-Zip: DANIA BEACH, FL 33004

Title: S ( ) Delete
Name: WRIGHT, ROXANNE
Address: P.O. BOX 3625
City-St-Zip: PENSACOLA, FL 325163925

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TONI LOUISE BEARD V 08/13/2005
Electronic Signature of Signing Officer or Director Date