

\$297.50


**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

2008 MAY 28 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000005482			
1. Entity Name DEPRESSION AND BIPOLAR SUPPORT ALLIANCE FLORIDA, INC.			
Principal Place of Business P.O. BOX 3625 PENSACOLA, FL 32516-3625 US		Mailing Address P.O. BOX 3625 PENSACOLA, FL 32516-3625 US	
2. Principal Place of Business - No P.O. Box # Toni Beard Suite, Apt. #, etc. 524 Briarwood Drive		3. Mailing Address 524 Briarwood Dr Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola FL	
Zip 32506		Country U.S.A.	
Country U.S.A.		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEARD, TONI L 524 BRIARWOOD DRIVE PENSACOLA, FL 32506		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Toni Louise Beard</u> 400123767334 04/16/08--01019--023 **297.50 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P NEIL, BUSH 1603 MAGDALENE MANOR DR. TAMPA, FL 33613		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V BEARD, TONI 524 BRIARWOOD DR. PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V WORTH, RICHARD 19883 VINTAGE TRACE CIRCLE FT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T WRIGHT, ROXANNE PO BOX 3625 PENSACOLA, FL 325163625		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813-961-8326 Date Daytime Phone #	