2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N03000005482

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

Current Principal Place of Business:

% TONI BEARD
524 BRIARWOOD DRIVE
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

% TONI BEARD
524 BRIARWOOD DRIVE
PENSACOLA, FL 32506 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEARD, TONI L
524 BRIARWOOD DRIVE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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

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: WORTH, RICHARD
Address: 19883 VINTAGE TRACE CIRCLE
City-St-Zip: FT MYERS, FL 33912 US

Title: T (X) Delete
Name: WRIGHT, ROXANNE
Address: PO BOX 3625
City-St-Zip: PENSACOLA, FL 325163625 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: WRIGHT, ROXANNE
Address: 1915 HALGRIM AVE. APT.908
City-St-Zip: FT. MYERS, FL 33901 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NEIL BUSH P 01/29/2009
Electronic Signature of Signing Officer or Director — Date