

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005482

FILED
Jan 21, 2010
Secretary of State

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: 20-1212296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: NEIL, BUSH
Address: 1603 MAGDALENE MANOR DR.
City-St-Zip: TAMPA, FL 33613

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

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

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: NEIL BUSH

P

01/21/2010

Electronic Signature of Signing Officer or Director

Date