FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10641 (1)

1. Corporation Name

TAMPA BAY DEPRESSIVE AND MANIC DEPRESSIVE ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
4001 N. RIVERSIDE DRIVE SUITE 204 TAMPA FL 33603	4001 N. RIVERSIDE DRIVE SUITE 204 TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1985	3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-2521274	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 4023 N. ARMENIA AVE	26 4023 N. ARMENIA AVE.
22 Suite, Apt. #, etc. SUITE 470	27 Suite, Apt. #, etc. SUITE 470
23 City & State TAMPA FLA	28 City & State TAMPA FLA
24 Zip 33607 25 Country	29 Zip 33607 30 Country

9. Name and Address of Current Registered Agent

MASSOLIO, JOHN C JR
3403 FOREST BRIDGE CIR
BRANDON FL 33511

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☐ Change ☐ Addition
NAME	MASSOLIO, JOHN C JR	12 NAME	MASSOLIO, JOHN C JR	
STREET ADDRESS	3403 FOREST BRIDGE CIR	13 STREET ADDRESS	3403 FOREST BRIDGE CIR	
CITY-ST-ZIP	BRANDON FL	14 CITY-ST-ZIP	BRANDON FL	
TITLE	VD	21 TITLE	S/D	☑ Change ☐ Addition
NAME	PELLINGTON, GLADYS	22 NAME	SHAW, SUSAN	
STREET ADDRESS	4302 W PALMIRA	23 STREET ADDRESS	16528 OLEY RIDGE CT.	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FLA	
TITLE	VD	31 TITLE	V/D	☐ Change ☐ Addition
NAME	SKINNER, HOWARD	32 NAME	SKINNER, HOWARD	
STREET ADDRESS	P.O. BOX 737 N/A	33 STREET ADDRESS	P.O. BOX 737 N/A	
CITY-ST-ZIP	BRANDON FL	34 CITY-ST-ZIP	BRANDON FL	
TITLE	TD	41 TITLE	T/D	☐ Change ☐ Addition
NAME	BARUTA, JOSEPH	42 NAME	BARUTA, JOSEPH	
STREET ADDRESS	6418 N GRADY AVE	43 STREET ADDRESS	6418 N. GRADY AVE	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAMPA FL	
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	WERSTLEIN, BOB	52 NAME	WERSTLEIN, BOB	
STREET ADDRESS	6211 CHAUNCY STREET	53 STREET ADDRESS	6211 CHAUNCY STREET	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA FL	
TITLE	SD	61 TITLE	S/D	☐ Change ☐ Addition
NAME	ALLEN, PENNY	62 NAME	ALLEN, PENNY	
STREET ADDRESS	2312 15501 BRUCE B DOWNS BLVD	63 STREET ADDRESS	2312 15501 BRUCE B DOWNS BLVD	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	TAMPA FLA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. C. Massolio Jr 6/6/95 813-689-9204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033307