

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 03, 1996 08:00 AM
Secretary of State

DOCUMENT # N10641 (1)

1. Corporation Name

TAMPA BAY DEPRESSIVE AND MANIC DEPRESSIVE ASSOCIATION, INC.

Principal Place of Business

4023 N ARMENIA AVE
SUITE 470
TAMPA FL 33607

Mailing Address

4023 N ARMENIA AVE
SUITE 470
TAMPA FL 33607



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MASSOLIO, JOHN C JR
STREET ADDRESS 3403 FOREST BRIDGE CIR
CITY-ST-ZIP BRANDON FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME SHAW, SUSAN
STREET ADDRESS 16528 OLEY RIDGE CT
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD
NAME SKINNER, HOWARD
STREET ADDRESS P.O. BOX 737 N/A
CITY-ST-ZIP BRANDON FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD
NAME BARUTA, JOSEPH
STREET ADDRESS 6418 N GRADY AVE
CITY-ST-ZIP TAMPA FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D
NAME WERSTLEIN, BOB
STREET ADDRESS 6211 CHAUNCY STREET
CITY-ST-ZIP TAMPA FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME ALLEN, PENNY
STREET ADDRESS 2312 15501 BRUCE B DOWNS BLVD
CITY-ST-ZIP TAMPA FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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)(k), 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:

John C. Massolio Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

(813) 689-9204

Daytime Phone #

CR2E037 (12/95)