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Mar 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N10641 (1)

1. Corporation Name

TAMPA BAY DEPRESSIVE AND MANIC DEPRESSIVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4023 N ARMENIA AVE
SUITE 470
TAMPA FL 33607

4023 N ARMENIA AVE
SUITE 470
TAMPA FL 33607



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

08/12/1985

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. Is this nonprofit corporation a homeowners association?

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

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

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

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

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

TITLE V
NAME MOODY, ALMA
STREET ADDRESS 2434 NO RAMONA CIRCLE
CITY-ST-ZIP TAMPA FL

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

TITLE S
NAME TRILLING, JANE
STREET ADDRESS 17905 LEAR LAKE DRIVE
CITY-ST-ZIP LUTZ FL

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

TITLE D
NAME MASSOLIO, MARY J
STREET ADDRESS 3408 FOREST BRIDGE CIR
CITY-ST-ZIP BRANDON FL

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

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

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

9813 Cedar Street
Tampa, Florida 33635

14. I hereby certify that the information supplied with this filing 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.

CR2E037 (10/97)