

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90056 001 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10641**

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	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/12/1985
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2521274
24 Country	29 Country	Applied For
	30	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

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

81 Name Susan Shaw  
 82 Street Address (P.O. Box Number is Not Acceptable) 16528 Oley Ridge Ct.  
 83  
 84 City Tampa FL 85 Zip Code 33624

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	PO D MASSOLIO, JOHN C JR	1.1 TITLE	Treasurer
NAME	MASSOLIO, JOHN C JR	1.2 NAME	
STREET ADDRESS	3403 FOREST BRIDGE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE D	SP D SHAW, SUSAN	2.1 TITLE	President
NAME	SHAW, SUSAN	2.2 NAME	
STREET ADDRESS	16528 OLEY RIDGE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE T	SHAW, ROBERT	3.1 TITLE D	Vice-President
NAME	SHAW, ROBERT	3.2 NAME	Terry Taggart
STREET ADDRESS	16528 OLEY RIDGE CT	3.3 STREET ADDRESS	2086 Sunset Grove Lane
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	Clearwater, Florida 33765
TITLE D	SD TRILLING, JANE	4.1 TITLE	
NAME	TRILLING, JANE	4.2 NAME	
STREET ADDRESS	17905 LEAR LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE D	D MASSOLIO, MARY J	5.1 TITLE	
NAME	MASSOLIO, MARY J	5.2 NAME	
STREET ADDRESS	3408 FOREST BRIDGE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	5.4 CITY-ST-ZIP	
TITLE V	ALLEN, PENNY	6.1 TITLE D	Vice-President
NAME	ALLEN, PENNY	6.2 NAME	Erik Warren
STREET ADDRESS	9813 CEDAR ST	6.3 STREET ADDRESS	1718 Robin Street
CITY-ST-ZIP	TAMPA FL 33635	6.4 CITY-ST-ZIP	Auburndale, FL 33823

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, with all other like empowered.

SIGNATURE:

*Susan Shaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/99

813-960-1555

CR2E037 (11/98)