

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90216 027 ****61.25

DOCUMENT # N10641

1. Entity Name

**DEPRESSION AND BIPOLAR SUPPORT ALLIANCE TAMPA
BAY, INC.**



Principal Place of Business

**1603 MAGALENE MANOR
TAMPA FL 33613**

Mailing Address

**PO BOX 340572
TAMPA FL 33607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2521274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSH, NEIL
1603 MAGALENE MANOR
TAMPA FL 33613**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **YARNOLD, CHRISTOPHER**
STREET ADDRESS **2911 SAN MIGUEL ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **PD** ☐ Delete
NAME **BUSH, NEIL**
STREET ADDRESS **1603 MAGALENE MANOR**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **VPD** ☐ Delete
NAME **TRILLING, JANE**
STREET ADDRESS **17905 CLEAR LAKE DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **VPD** ☒ Delete
NAME **LANE, PAULETTE**
STREET ADDRESS **42111 SYLVAN HAMBLE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VPD** ☒ Delete
NAME **MASSOLIO, JOHN CAR**
STREET ADDRESS **3403 FOREST BRIDGE CIRCLE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME **Christie McBride**
STREET ADDRESS **PO Box 262783**
CITY-ST-ZIP **Tampa, FL 33685**

TITLE **SD** ☒ Change ☐ Addition
NAME **Kathy Brogan**
STREET ADDRESS **3102 W. Waters Ave**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Neil Bush **NEIL BUSH**

4/10/05

813-878-2506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #