


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90064 016 \*\*\*\*61.25

<b>DOCUMENT # N10641</b> 1. Entity Name <b>DEPRESSION AND BIPOLAR SUPPORT ALLIANCE TAMPA BAY, INC.</b>					
Principal Place of Business <b>1603 MAGALENE MANOR TAMPA, FL 33613</b>			Mailing Address <b>PO BOX 340572 TAMPA, FL 33607</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2521274</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUSH, NEIL 1603 MAGALENE MANOR TAMPA, FL 33613</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>YARNOLD, CHRISTOPHER</b> 2911 SAN MIGUEL ST TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Carol Yang's 16610 E. Coarse Dr. Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BUSH, NEIL</b> 1603 MAGALENE MANOR TAMPA, FL 33613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>TRILLING, JANE</b> 17905 CLEAR LAKE DRIVE LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mary Watkins PO Box 20505 ST Petersburg, FL 33742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>MCBUIELO, CHRISTIE</b> PO BOX 262783 TAMPA, FL 33685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Colby, Jaynes 3904 Clinton Ave Dade City, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>BIOGAN, KITTY</b> 3102 W. WATERS AVE TAMPA, FL 33614	<input type="checkbox"/> Delete MIS spelled		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Kitty Brogan 3111 W. M.L.K JR BLVD Tampa FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Neil Bush</u> <u>NEIL BUSH</u> <u>8/29/06</u> <u>813 961-8326</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					