2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N10641

Entity Name: DEPRESSION AND BIPOLAR SUPPORT ALLIANCE TAMPA BAY, INC.

Current Principal Place of Business:

1603 MAGALENE MANOR
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

PO BOX 340572
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-2521274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSH, NEIL
1603 MAGALENE MANOR
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: YAROS, CAROL
Address: 16610 E. COURSE DR.
City-St-Zip: TAMPA, FL 33624

Title: P ( ) Delete
Name: ANDERSON, RENE
Address: 13301 BRUCE B DOWNS
City-St-Zip: TAMPA, FL 33612

Title: 1VP ( ) Delete
Name: BUSH, NEIL
Address: 1603 MAGDALENE MANOR DR.
City-St-Zip: TAMPA, FL 33613

Title: 2VP ( ) Delete
Name: WALKINS, MARY
Address: P.O. BOX 20505
City-St-Zip: ST. PETERSBURG, FL 33742

Title: S ( ) Delete
Name: ARMSTRONG, SHERRI
Address: 1820 CHESAPEAKE DR.
City-St-Zip: ODESSA, FL 335563640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: YAROS, CAROL
Address: 16610 E. COURSE DR.
City-St-Zip: TAMPA, FL 33624 US

Title: P (X) Change ( ) Addition
Name: BUSH, NEIL
Address: 1603 MAGDALENE MANOR DRIVE
City-St-Zip: TAMPA, FL 33613 US

Title: 1VP (X) Change ( ) Addition
Name: ROBEY, VICKI
Address: 3536 TOBAGO LANE #303
City-St-Zip: TAMPA, FL 33614 US

Title: 2VP (X) Change ( ) Addition
Name: WATKINS, MARY
Address: P.O. BOX 20505
City-St-Zip: ST. PETERSBURG, FL 33742 US

Title: S (X) Change ( ) Addition
Name: ARMSTRONG, SHERRI
Address: 1820 CHESAPEAKE DR.
City-St-Zip: ODESSA, FL 335563640 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL BUSH P 03/11/2009

Electronic Signature of Signing Officer or Director — Date