

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10641

FILED
Jan 07, 2012
Secretary of State

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 33694

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
Name: YAROS, CAROL
Address: 16610 E. COURSE DR.
City-St-Zip: TAMPA, FL 33624 US

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

Title: 1VP
Name: JAYNES, COLBY
Address: 39041 CLINTON AVENUE
City-St-Zip: DADE CITY, FL 33525 US

Title: 2VP
Name: BURFORD, GINA
Address: 12218 DAWN VISTA DRIVE
City-St-Zip: RIVERVIEW, FL 33578 US

Title: S
Name: KETROW, JANNE
Address: 4000 THIRD ST. N.
City-St-Zip: ST. PETERSBURG, FL 33703 US

I hereby 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 all other like empowered.

SIGNATURE: NEIL BUSH

PRES

01/07/2012

Electronic Signature of Signing Officer or Director

Date