

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10641

Entity Name: DEPRESSION BIPOLAR SUPPORT TAMPA BAY, INC**Current Principal Place of Business:**3520 6TH AVE. N
SAINT PETERSBURG, FL 33713**Current Mailing Address:**PO BOX 16735
SAINT PETERSBURG, FL 33733 US**FEI Number:** 59-2521274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALCOMB, JOHN W
3520 6TH AVENUE NORTH
ST. PETERSBURG, FL 33713 US*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:** JOHN BALCOMB

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BALCOMB, JOHN
Address 3520 6TH AVE. N
City-State-Zip: ST. PETERSBURG FL 33713

Title TREASURER
Name ANDERSON, BROOKE M.
Address 3288 70TH LANE N
City-State-Zip: ST. PETERSBURG FL 33710

Title 2ND VICE PRESIDENT
Name KETROW, JANNE R.
Address 2455 NORTH TROPICAL TRAIL #6
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR
Name ROBERT , MORRIS, M.D. J. DR.
Address 16813 BANNER SHELL PLACE
City-State-Zip: WIMAUMA FL 33598

Title 1ST. VICE PRESIDENT
Name YOUNG, JR, DR. STEPHEN PHD
Address 5675 89TH AVE. N
City-State-Zip: PINELLAS PARK FL 33782

Title SECRETARY
Name CARDONE, ROBERT
Address 2866 10TH AVE. N
City-State-Zip: ST. PETERSBURG FL 33713

Title DIRECTOR
Name MEAD, DONNA L.
Address 1701 PINEHURST RD.
 #19H
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name BRISTOW, CAROL M.
Address 210 CYPRESS LANE
City-State-Zip: OLDSMAR FL 34677

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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: JOHN BALCOMB**PRESIDENT / EXECUTIVE 04/23/2024**
DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DORN, MATTHEW J.
Address 2503 REGAL RIVER RD.
City-State-Zip: VALRICO FL 33596

Title DIRECTOR
Name DONALDSON, PATRICIA
Address 5009 EXCELLENCE BLVD.
APT. #249
City-State-Zip: TAMPA FL 33617

Title DIRECTOR
Name GRACEFFA, ANDREW J.
Address 3155 BURLINGTON AVE. N
#512
City-State-Zip: ST. PETERSBURG FL 33713

Title DIRECTOR
Name LANGFORD, JAY
Address 4930 BURLINGTON AVE. N
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name KOPACHI, JOHN
Address 7810 53RD. WAY N.
City-State-Zip: PINELLAS PARK FL 33781