

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10641

Entity Name: DEPRESSION AND BIPOLAR SUPPORT ALLIANCE TAMPA BAY, INC.**FILED**
Jun 26, 2020
Secretary of State
6946160471CC**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:**KETROW, JANNE R
6826 MOUNT ORANGE DR. NE
SAINT PETERSBURG, FL 33702 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: JANNE R. KETROW****06/26/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	TREASURER
Name	KETROW, JANNE R.
Address	6826 MOUNT ORANGE DR. NE
City-State-Zip:	SAINT PETERSBURG FL 33702

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

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: JANNE R. KETROW**TREASURER****06/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date