

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10641

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

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC9983509808**

**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: Yes**

**Name and Address of Current Registered Agent:**

KETROW, JANNE R  
4000 3RD ST. N  
#212  
SAINT PETERSBURG, FL 33703 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**

**04/30/2016**

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        4000 3RD ST. N  
                  #212  
City-State-Zip: SAINT PETERSBURG FL 33703

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: JOHN BALCOMB**

**PRESIDENT**

**04/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date