

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18836

(9)

1. Corporation Name

HEAD INJURY SUPPORT, INC.



Principal Place of Business

**28960 U.S. HWY 19 N. SUITE 100
CLEARWATER FL 34621**

Mailing Address

**28960 U.S. HWY 19 N. SUITE 100
CLEARWATER FL 34621**

3. Date Incorporated or Qualified
01/21/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2788443

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, LYNN
538 NEW YORK AVENUE
DUNEDIN FL 34698**

81 Name

CLARK, LYNN

82 Street Address (P.O. Box Number is Not Acceptable)

4400 WINDING WILLOW DRIVE

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Lynn Clark (Lynn Clark) Di
Signature typed or printed name of registered agent and title (applicant)

(NOTE: Registered Agent signature required when reinstating)

4-16-96
DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **CLARK, LYNN**
STREET ADDRESS **28960 US 19 NO STE 100**
CITY-ST-ZIP **CLRWTR FL**

TITLE **DS** ☐ DELETE
NAME **SPENCER, JANET**
STREET ADDRESS **12501 VONN RD**
CITY-ST-ZIP **LARGO FL**

TITLE **DVP** ☐ DELETE
NAME **OILER, RUTH**
STREET ADDRESS **106 HUNTER CURT**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ DELETE
NAME **OILER, SUZAN**
STREET ADDRESS **106 HUNTER COURT**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **delete**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lynn Clark (Lynn Clark) Di
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96
Date

**813
7866800**
Daytime Phone #

CR2E037 (12/95)