2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# N00000000346

Entity Name: THINK FIRST INJURY PREVENTION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1881 N FRAZIER TERR
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

1881 N FRAZIER TERR
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-3622026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRONERT, TWYLA S
1881 N FRAZIER TERR
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

GARNETT, TWYLA S
1881 N FRAZIER TERR
HERNANDO, FL 34442 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: TWYLA S GARNETT 07/13/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RECKENWELD, CATHERINE
Address: 1007 W MAIN ST
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: GARNETT, TWYLA
Address: 1881 N FRAZIER TERR
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: KINGEREE, DIANE
Address: 1308 N DUCANFIELD AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TWYLA S GARNETT D 07/13/2006
Electronic Signature of Signing Officer or Director Date