

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001655

FILED  
Jan 12, 2007  
Secretary of State

**Entity Name:** FIRST COAST - BRAIN INJURY SUPPORT GROUP, INC.

**Current Principal Place of Business:**

4401 WESCONNETT BLVD  
2ND FLOOR  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

8985 NORMANDY BOULEVARD #103  
JACKSONVILLE, FL 322216209

**New Mailing Address:**

4401 WESCONNETT BLVD.  
2ND FLOOR  
JACKSONVILLE, FL 32210

**FEI Number:** 03-0401723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MERCER-ELKINS, JANE  
8985 NORMANDY BOULEVARD #103  
JACKSONVILLE, FL 322216209 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: EXD ( ) Delete  
Name: MERCER-ELKINS, JANE  
Address: 8985 NORMANDY BOULEVARD #103  
City-St-Zip: JACKSONVILLE, FL 322216209

Title: VP ( ) Delete  
Name: DENTON, TONY  
Address: 8985 NORMANDY BOULEVARD #103  
City-St-Zip: JACKSONVILLE, FL 322216209

Title: P ( ) Delete  
Name: BLACKMON, DAVID  
Address: 8985 NORMANDY BOULEVARD #103  
City-St-Zip: JACKSONVILLE, FL 322216209

Title: T ( ) Delete  
Name: ANDREU, KATHY  
Address: 8985 NORAMDY BLVD., #103  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: EXD (X) Change ( ) Addition  
Name: MERCER-ELKINS, JANE  
Address: 4401 WESCONNETT BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change ( ) Addition  
Name: DENTON, TONY  
Address: 4401 WESCONNETT BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: P (X) Change ( ) Addition  
Name: BLACKMON, DAVID  
Address: 4401 WESCONNETT BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T (X) Change ( ) Addition  
Name: NAZWORTH, SHANNON  
Address: 4401 WESCONNETT BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

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: JANE MERCER ELKINS

EX D

01/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date