

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001655

FILED
Feb 11, 2008
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:

4401 WESCONNETT BLVD.
2ND FLOOR
JACKSONVILLE, FL 32210

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 32216209 US

Name and Address of New Registered Agent:

MERCER-ELKINS, JANE
4401 WESCONNETT BLVD.
JACKSONVILLE, FL 32210 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:

02/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CFO (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 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

ED

02/11/2008

Electronic Signature of Signing Officer or Director

Date