

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002319

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** BRAIN SCRIMMAGE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

6107 SW 34TH STREET  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6107 SW 34TH STREET  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:** 05-0560655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MINCEY, DARRAYL D  
6107 SW 34TH STREET  
MIRAMAR, FL 33023

**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: D ( ) Delete  
Name: MINCEY, DARRAYL D  
Address: 6107 SW 34TH STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: CARSWELL, DIANN E  
Address: 7580 TROPICANA STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: WILLIAMS, TERRY L  
Address: 1331 NE 212 TERRACE  
City-St-Zip: MIAMI, FL 33179

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

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

Title: D (X) Change ( ) Addition  
Name: DARVILLE, TERRANCE  
Address: 2950 NW 55 AVENUE #1B  
City-St-Zip: LAUDERHILL, FL 33315

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 Section 119.07(3)(i), 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: DARRAYL D. MINCEY

D

04/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date