

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009297

FILED
Jun 01, 2009
Secretary of State

Entity Name: BRAIN DISORDER SUPPORT FOUNDATION, INC.

Current Principal Place of Business:

295 JUNIPER LAKE RD.
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

353 JUNIPER LAKE RD.
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

295 JUNIPER LAKE RD.
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

353 JUNIPER LAKE RD.
DEFUNIAK SPRINGS, FL 32433

FEI Number: 80-0113224 **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:

DAVIS, MARK D
694 BALDWIN AVE., STE. 1
DEFUNIAK SPRINGS, FL 32435 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: P () Delete
Name: COURSEY, HILDA
Address: 295 JUNIPER LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T () Delete
Name: BISHOP, WILLIAM L JR.
Address: 601 PHIL HARRIS DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: LOUWERENS, MARILYN
Address: 1660 BALDWIN AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: RAUGHTON, AMANDA
Address: 86 SHASTON ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: HENDERSON, GENA
Address: 2947 BOB SIKES ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: CAMPBELL, JANET
Address: 876 HILL STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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:

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 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: HILDA COURSEY

P

06/01/2009

Electronic Signature of Signing Officer or Director

Date