2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009297

FILED Feb 17, 2012 Secretary of State

Entity Name: BRAIN DISORDER SUPPORT FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

353 JUNIPER LAKE RD.

DEFUNIAK SPRINGS, FL 32433

Current Mailing Address: 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 ()

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

DAVIS, MARK D 694 BALDWIN AVE., STE. 1 DEFUNIAK SPRINGS, FL 32435 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR

Name: COURSEY, HILDA R Address: 353 JUNIPER LAKE RD

City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: PRES

Name: JOHNSON, DAVID R Address: 1265 HWY 331, S.

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: VP

Name: LEONARD, ALICIA Address: 261 FLORENCE ST.

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: SEC

Name: KELLEY, GWEN Address: 4179 CO. HWY 280A

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: TREA

Name: SULLIVAN, ROSA Address: P.O. BOX 1017

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: DIR

Name: ANDERSON, ARTHUR Address: 131 SHOREY ROAD

City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

I hereby 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 all other like empowered.

SIGNATURE: HILDA COURSEY DIR 02/17/2012