



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90050 036 ****61.25

DOCUMENT # N05000005411					
1. Entity Name MOTHERS AGAINST BRAIN INJURY, INC.					
Principal Place of Business 1052 BUTTERCUP DR. ST. JOHNS, FL 32259			Mailing Address 1052 BUTTERCUP DR. ST. JOHNS, FL 32259		
2. Principal Place of Business 1052 Buttercup Dr. Suite, Apt. #, etc.		3. Mailing Address PMB 424/ 445-26 State Rd. 13 N. Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Fruit Cove, FL		4. FEI Number 35-2256282	
Zip 32259		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONAHOO, THOMAS M JR 50 NORTH LAURA ST SUITE 2925 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME EAST, TRACY STREET ADDRESS 1052 BUTTERCUP DR. CITY-ST-ZIP ST. JOHNS, FL 32259	<input type="checkbox"/> Delete		TITLE D/P/C NAME 1052 Buttercup Dr. STREET ADDRESS Jacksonville, FL 32259 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LEONARD, CAROLYN STREET ADDRESS 275 EDGEWATER BRANCH DR. CITY-ST-ZIP ST. JOHNS, FL 32259	<input type="checkbox"/> Delete		TITLE D/V/T NAME 275 Edgewater Branch Dr. STREET ADDRESS Jacksonville, FL 32259 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LAYTON, ROBERTA STREET ADDRESS 685 MACKENZIE CIR. CITY-ST-ZIP ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete		TITLE D/S NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tracy A. East</u> <u>TRACY A. EAST, President</u> <u>2/1/06 (904) 230-8656</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

LAW OFFICES
DONAHOO, BALL & McMENAMY, P.A.

50 NORTH LAURA STREET, SUITE 2925

JACKSONVILLE, FLORIDA 32202

www.donahooball.com

(904) 354-8080

FAX: (904) 791-9563

*BOARD CERTIFIED TAX LAWYER

ATTACHMENT

60011315

#005000005411

THOMAS M. DONAHOO*
HAYWOOD M. BALL
WILLIAM B. McMENAMY*
THOMAS M. DONAHOO, JR.
TRACY R. RICHARDSON

JOHN W. DONAHOO
(1907-1993)

February 3, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Mothers Against Brain Injury, Inc.
FEI Number: 35-2256282
Our File Reference: 1211.001

Dear Madam or Sir:

Enclosed please find 2006 Not-For-Profit Corporation Annual Report and check in the amount of \$61.25 for the filing fee. Please feel free to contact me if you have any questions or require any further information.

Sincerely,



Tracy R. Richardson

TRR/tbw
cc: Tracy East
Enclosures