

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005411

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** MOTHERS AGAINST BRAIN INJURY, INC.

**Current Principal Place of Business:**

1052 BUTTERCUP DR.  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 424/445-26 STATE RD 13 N  
FRUIT COVE, FL 32259

**New Mailing Address:**

**FEI Number:** 35-2256282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONAHOO, THOMAS M JR  
50 NORTH LAURA ST  
SUITE 2925  
JACKSONVILLE, FL 32202 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: DPC ( ) Delete  
Name: PORTER, TRACY A  
Address: 1052 BUTTERCUP DR.  
City-St-Zip: ST. JOHNS, FL 32259

Title: D (X) Delete  
Name: TORAL, FRANK L  
Address: 4780 DAVIE RD SUITE 101  
City-St-Zip: FT LAUDERDALE, FL 33314

Title: D ( ) Delete  
Name: BETTY, TORRES  
Address: 4780 DAVIE RD SUITE 101  
City-St-Zip: FT LAUDERDALE, FL 33314

Title: D ( ) Delete  
Name: JOSEPH, TEPAS, III J DR.  
Address: 655 W 8TH STREET, 8TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32209

**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:

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: TRACY A PORTER

DPC

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date