

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005411

FILED
Jan 26, 2012
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:

1052 BUTTERCUP DR.
ST JOHNS, FL 32259

Current Mailing Address:

1052 BUTTERCUP DR.
JACKSONVILLE, FL 32259

New Mailing Address:

1052 BUTTERCUP DR.
ST JOHNS, FL 32259

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:

DILLOW, EMILY K
245 RIVERSIDE AVENUE
SUITE 450
JACKSONVILLE, FL 32202 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: EMILY K DILLOW

01/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPC
Name: PORTER, TRACY A
Address: 1052 BUTTERCUP DR.
City-St-Zip: ST. JOHNS, FL 32259

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

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

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: TRACY A PORTER

P

01/26/2012

Electronic Signature of Signing Officer or Director

Date