

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004867

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: INJURYBOARD FOUNDATION, INC.

## Current Principal Place of Business:

109 N. BRUSH ST., SUITE 350  
TAMPA, FL 33602

## New Principal Place of Business:

209 SOUTH HOWARD AVE  
TAMPA, FL 33606 US

## Current Mailing Address:

109 N. BRUSH ST., SUITE 350  
TAMPA, FL 33602

## New Mailing Address:

209 SOUTH HOWARD AVE  
TAMPA, FL 33606 US

FEI Number: 26-3044546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD., SUITE A-100  
TAMPA, FL 33612 US

## Name and Address of New Registered Agent:

WILSON, DARREN A  
209 SOUTH HOWARD AVE  
TAMPA, FL 33606 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: DARREN A. WILSON

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: YOUNG, TOM  
Address: 2619 W. WATROUS AVE.  
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete  
Name: CARROLL, NICK  
Address: 109 N. BRUSH ST., SUITE 350  
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete  
Name: WILSON, DARREN  
Address: 109 N. BRUSH ST., SUITE 350  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: YOUNG, TOM  
Address: 209 SOUTH HOWARD AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: SD (X) Change ( ) Addition  
Name: CARROLL, NICK  
Address: 209 SOUTH HOWARD AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: TD (X) Change ( ) Addition  
Name: WILSON, DARREN  
Address: 209 SOUTH HOWARD AVE  
City-St-Zip: TAMPA, FL 33606 US

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: DARREN A. WILSON

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date