

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006990

FILED
Jan 04, 2005
Secretary of State

Entity Name: THE BRAIN INJURY CONNECTION, INC.

Current Principal Place of Business:

257 W. MIRACLE STRIP
MARY ESTHER, FL 32547

New Principal Place of Business:

257 W. MIRACLE STRIP
MARY ESTHER, FL 32569

Current Mailing Address:

257 W. MIRACLE STRIP
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 59-3557141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYER, MARTHA C
257 W. MIRACLE STRIP
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

BAYER, MARTHA C P
257 W. MIRACLE STRIP
MARY ESTHER, FL 32569 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: MARTHA C BAYER

01/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAYER, MARTHA C MS.
Address: 257 W. MIRACLE STRIP
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: HOOK, ALICE V MS.
Address: PO BOX 2018
City-St-Zip: TITUSVILLE, FL 32781

Title: D () Delete
Name: CUMMINS, MARJORIE L
Address: 23 PEBBLE BEACH DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: D. MICHAEL CHESSER,
Address: 122 BAYOU DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: WEAVER, ELIZABETH L
Address: 11 WEST CASA LOMA DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: D (X) Delete
Name: MARTIN, JEANNE S
Address: 15 BAY COVE LANE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAYER, MARTHA C
Address: 257 W. MIRACLE STRIP
City-St-Zip: MARY ESTHER, FL 32569

Title: D (X) Change () Addition
Name: EVERETT, JUDY
Address: 813 SEVEN OAKS ROAD
City-St-Zip: DE FUNIAK SPRINGS, FL 32433 US

Title: D (X) Change () Addition
Name: CUMMINS, MARJORIE L MS
Address: 23 PEBBLE BEACH DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEAVER, ELIZABETH L
Address: 10008 W. GLENWOOD DR.
City-St-Zip: CLINTON, MO 64735

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA C. BAYER

MS

01/04/2005

Electronic Signature of Signing Officer or Director

Date