

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90044 046 ****61.25

DOCUMENT # N98000006990

1. Entity Name

THE BRAIN INJURY CONNECTION, INC.



Principal Place of Business

**257 W. MIRACLE STRIP
MARY ESTHER FL 32569**

Mailing Address

**257 W. MIRACLE STRIP
MARY ESTHER FL 32569**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3557141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

Martha C. Bayer

3-8-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BAYER, MARTHA C**
STREET ADDRESS **257 W. MIRACLE STRIP**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☐ Delete
NAME **EVERETT, JUDY**
STREET ADDRESS **813 SEVEN OAKS ROAD**
CITY-ST-ZIP **DE FUNIAK SPRINGS FL 32433**

TITLE **D** ☐ Delete
NAME **CUMMINS, MARJORIE L MS**
STREET ADDRESS **23 PEBBLE BEACH DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **D** ☐ Delete
NAME **D. MICHAEL CHESSER**
STREET ADDRESS **122 BAYOU DRIVE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☒ Delete
NAME **WEAVER, ELIZABETH L**
STREET ADDRESS **10008 W. GLENWOOD DR.**
CITY-ST-ZIP **CLINTON MO 64735**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **OWENS, MARTHA**
STREET ADDRESS **809 TUXEDO DRIVE**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Martha C. Bayer *Martha C. Bayer* *3-8-06* *850-244-1310*