


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90042 042 \*\*\*\*61.25

<b>DOCUMENT # N98000006990</b> 1. Entity Name <b>THE BRAIN INJURY CONNECTION, INC.</b>					
Principal Place of Business <b>257 W. MIRACLE STRIP MARY ESTHER FL 32569</b>			Mailing Address <b>257 W. MIRACLE STRIP MARY ESTHER FL 32569</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3557141</b>	
6. Name and Address of Current Registered Agent <b>BAYER, MARTHA C 257 W. MIRACLE STRIP MARY ESTHER FL 32569</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE <i>Martha C. Bayer</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1-22-07</b> <small>(NOTE: Registered Agent signature required when registering)</small>		FILE NOW: FEE IS <b>\$61.25</b> Due By May 1, 2007	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		Make Check Payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAYER, MARTHA C 257 W. MIRACLE STRIP MARY ESTHER FL 32569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D EVERETT, JUDY 813 SEVEN OAKS ROAD DE FUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CUMMINS, MARJORIE L MS 23 PEBBLE BEACH DRIVE SHALIMAR FL 32579	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D D. MICHAEL CHESSER 122 BAYOU DRIVE NICEVILLE FL 32578	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D OWENS, MARTHA 809 TUXEDO DR FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **1-22-07** **850-244-1310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #