

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006990

FILED
Feb 19, 2009
Secretary of State

Entity Name: THE BRAIN INJURY CONNECTION, INC.

Current Principal Place of Business:

257 W. MIRACLE STRIP
MARY ESTHER, FL 32569

New Principal Place of Business:

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:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: D () Delete
Name: CUMMINS, MARJORIE L MS
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: OWENS, MARTHA
Address: 809 TUXEDO DR
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: O'NEILL, PATRICK
Address: 302 HOLMES BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32548

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: MARTHA C. BAYER

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date