2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2014
Secretary of State
CC1825669868

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Entity Name: BRAIN DISORDER SUPPORT FOUNDATION, INC.

Current Principal Place of Business:

353 JUNIPER LAKE RD.
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

353 JUNIPER LAKE RD.
DEFUNIAK SPRINGS, FL 32433

FEI Number: 80-0113224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COURSEY, HILDA R
353 JUNIPER LAKE ROAD
DEFUNIAK SPRINGS, FL 32433 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: HILDA R. COURSEY 06/10/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO / CENTER ADMINISTRATOR
Name	COURSEY, HILDA R
Address	353 JUNIPER LAKE RD
City-State-Zip:	DEFUNIAK SPRINGS FL 32433

Title	CHAIRMAN
Name	GARCIA, RUBEN DR.
Address	518 MCCULLOUGH ROAD
City-State-Zip:	DEFUNIAK SPRINGS FL 32433

Title	DIRECTOR
Name	PRIDGEN, VIRGINIA
Address	40-B COUNTY HIGHWAY 181 WEST
City-State-Zip:	DEFUNIAK SPRINGS FL 32433

Title	DIRECTOR
Name	ORLOSKY, SALLY
Address	468 HIDDEN LAKES TRAIL
City-State-Zip:	DEFUNIAK SPRINGS FL 32433

Title	DIRECTOR/MEDICAL DIRECTOR
Name	HOWELL, JAMES DR.
Address	21 WEST MAIN AVENUE
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	DIRECTOR
Name	YOUELL, RENE' ESQ.
Address	POST OFFICE BOX 53
City-State-Zip:	FREEPORT FL 32439-0053

I hereby 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 all other like empowered.

SIGNATURE: HILDA R. COURSEY ADMINISTRATOR 06/10/2014

Electronic Signature of Signing Officer/Director Detail — Date