2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2016
Secretary of State
CC7459777247

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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:

SILVIA, JACQUELINE M
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: JACQUELINE M. SILVIA 04/04/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO / CENTER ADMINISTRATOR
Name	SILVIA, JACQUELINE M
Address	353 JUNIPER LAKE RD
City-State-Zip:	DEFUNIAK SPRINGS FL 32433

Title	CHAIRMAN
Name	WHITE, WAYNE
Address	80 GUAVA AVE.
City-State-Zip:	DEFUNIAK SPRINGS FL 32433

Title	DIRECTOR
Name	LINDSEY, BOB
Address	968 HILL ST.
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	DIRECTOR
Name	HERRING, DANIEL
Address	2096 CO. HWY 1084
City-State-Zip:	DEFUNIAK FL 32433

Title	DIRECTOR
Name	KELLEY, RON
Address	186 CLAY STREET
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	DIRECTOR/MEDICAL DIRECTOR
Name	GARCIA, RUBEN DR.
Address	518 MCCULLOUGH ROAD
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	DIRECTOR
Name	MOSLEY, CATHY
Address	3089 CO. HIGHWAY 183-B
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	DIRECTOR
Name	CAMPBELL-WORK, GRAHAM
Address	1211 S. 2ND. ST.
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

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: JACQUELINE M. SILVIA ADMINISTRATOR 04/04/2016

Electronic Signature of Signing Officer/Director Detail — Date