2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 19, 2011 **DOCUMENT# 708402** Secretary of State

Entity Name: BRAILLE ASSOCIATION OF MID-FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

BRAILLE ASSOCIATION OF MID FLORIDA INC 1500 FALCON DR. ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

BRAILLE ASSOCIATION OF MID FLORIDA INC P. O. BOX 140908 ORLANDO, FL 32814

FEI Number: 23-7034023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JENSEN, ARLENE D 6425 STREAMPORT DR. ORLANDO, FL 32822

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:

WITENGIER, MARIANN Name: Address: 2900 HARRIET DR. City-St-Zip: ORLANDO, FL 32812

Title:

Name: MILLER, JUANITA P Address: 7 W NEWELL ST.

City-St-Zip: WINTER GARDEN, FL 34787

Title:

SECREST, ANGIE Name: Address: 2904 WILD HORSE RD City-St-Zip: ORLANDO, FL 32822

Title:

Name: JENSEN, ARLENE D 6425 STREAMPORT DR. Address: City-St-Zip: ORLANDO, FL 32822

Title:

BRUNICK, KAROL Name: 3602 DAVENTRY COURT Address: ORLANDO, FL 32817 City-St-Zip:

Title:

BENBOW, JAMES Name: Address: 24 PERSHING PLACE ORLANDO, FL 32805 City-St-Zip:

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: ARLENE D. JENSEN T 05/19/2011