

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004393

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** THE BRACES FOUNDATION, INC

**Current Principal Place of Business:**

27220 SAN MARINO DRIVE  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

27220 SAN MARINO DRIVE  
PUNTA GORDA, FL 33983

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HENNING, MICHELE L  
27220 SAN MARINO DRIVE  
PUNTA GORDA, FL 33983    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:            OFR  
Name:            HENNING, MICHELE L  
Address:        27220 SAN MARINO DRIVE  
City-St-Zip:    PUNTA GORDA, FL 33983

Title:            OFR  
Name:            HENNING, THOMAS E  
Address:        27220 SAN MARINO DRIVE  
City-St-Zip:    PUNTA GORDA, FL 33983

Title:            OFR  
Name:            HENNING, NATASHA M  
Address:        27220 SAN MARINO DRIVE  
City-St-Zip:    PUNTA GORDA, FL 33983

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: MICHELE HENNING

OFR

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date