

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008308

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** TRAUMATIC BRAIN INJURY SURVIVORS GRANT FUND INC.

**Current Principal Place of Business:**

2871 BAYSHORE TRAILS DR.  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

2871 BAYSHORE TRAILS DR.  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 27-3463292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

MERTES, KAREN R  
2871 BAYSHORE TRAILS DRIVE  
TAMPA, FL 33611 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: KAREN R. MERTES

02/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MERTES, KAREN R  
Address: 2871 BAYSHORE TRAILS DR.  
City-St-Zip: TAMPA, FL 33611

Title: VSD  
Name: HARVEY, MICHAEL J  
Address: 2871 BAYSHORE TRAILS DR.  
City-St-Zip: TAMPA, FL 33611

Title: VSD  
Name: KOSSEL, RENATE J  
Address: 22 WHIPPOORWILL DRIVE  
City-St-Zip: SHREWSBURY, MA 01545

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: KAREN R. MERTES

PTD

02/28/2011

Electronic Signature of Signing Officer or Director

Date