2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N11295

Entity Name: BRAIN INJURY ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1621 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1621 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2611863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS B
1621 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MADSEN, JUDITH L
1621 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308 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: JUDITH L MADSEN 03/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORAL, FRANK
Address: 201 EAST SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

Title: T ( ) Delete
Name: HILL, MARCIA
Address: 1621 METROPOLITAN BLVD, STE B
City-St-Zip: TALLAHASSEE, FL 32308

Title: ED ( ) Delete
Name: BREEN, VALERIE
Address: 1621 METROPOLITAN BLVD., STE. B
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: MCNAMARA, THOMAS B
Address: 1621 METROPOLITAN BLVD, STE B
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MADSEN, JUDITH L
Address: 1621 METROPOLITAN BLVD, STE B
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VALERIE BREEN DIR 03/26/2009
Electronic Signature of Signing Officer or Director Date