

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006586

**Entity Name:** THE BRAIN FOUNDATION OF FLORIDA, INC.**Current Principal Place of Business:**9152 POINT CYPRESS DR  
ORLANDO, FL 32836**Current Mailing Address:**9152 POINT CYPRESS DR  
ORLANDO, FL 32836**FEI Number:** 27-0533943**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILENSKY, RONALD J MR.  
9152 POINT CYPRESS DRIVE  
ORLANDO, FL 32836 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:** RONALD J. WILENSKY

02/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	WILENSKY, RONALD J MR.
Address	9152 POINT CYPRESS DR
City-State-Zip:	ORLANDO FL 32836

Title	VS
Name	WILENSKY, LINDA J. MRS.
Address	9152 POINT CYPRESS DR
City-State-Zip:	ORLANDO FL 32836

Title	D
Name	WOOD, DON MR.
Address	2803 MIDSUMMER DRIVE
City-State-Zip:	ORLANDO FL 32836

Title	D
Name	DORMAN , RAY MR.
Address	5639 MASTERS BOULEVARD
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	MCNAIR, JOEL MR.
Address	10201 FAIRFAX BLVD
City-State-Zip:	FAIRFAX VA 22030

Title	DIRECTOR
Name	MENDOZA, JOE N
Address	P.O.BOX 781928
City-State-Zip:	ORLANDO FL 32878-1928

*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:** RONALD J. WILENSKY**CHAIRPERSON AND CEO** 02/21/2014

Electronic Signature of Signing Officer/Director Detail

Date