



Confirmation

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Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** BRAIN INJURY FLORIDA
- **EIN:** 920243890
- **Tax Year:** 2023
- **Tax Year Start Date:** 01-01-2023
- **Tax Year End Date:** 12-31-2023
- **Submission ID:** 10065520240787566225
- **Filing Status Date:** 03-18-2024
- **Filing Status:** Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS



e-Postcard Profile

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You are logged in as: **Preparer** | [Edit](#) user type

EIN

-

ADD EIN

Currently Associated EIN(s)

EIN	Organization Name	Date Added	Delete
92-0243890	BRAIN INJURY FLORIDA	03/18/2024	<input type="checkbox"/>

DELETE EIN

CREATE NEW FILING



Contact Information

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e-Postcard Profile	Select EIN	Organization Details	Contact Information	Confirmation
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Electronic Notice-Form 990-N (e-Postcard)

Organization Address and Principal Officer Information

Organization's legal name: **BRAIN INJURY FLORIDA**

If your organization conducts business using another name (DBA), enter other name:

* = required field

Organization:

DBA Name



DBA Name - continued



ENTER ADDITIONAL DBA NAMES

Country*

US - United States

▼

?

Number and Street (or PO Box)*

19321 US HWY 19 North Suite 307

City or Town*

Clearwater

State*

FL - Florida

Zip Code*

33764

Organization's website address, if applicable

Advocacy services for those impacted by ABI

Principal Officer:

Type of Name*

Person

Person Name*

Dennis Armington

Country*

US - United States

Number and Street (or PO Box)*

1273 Helford Lane

City or Town*

Carmel

State*

IN - Indiana

Zip Code*

46032

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Organization Details

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Electronic Notice-Form 990-N (e-Postcard)

Organization Information

For the tax year ending

December 31, 2023



Has your organization terminated or gone out of business?

No



Are your gross receipts normally \$50,000 or less?

Yes



Organization's legal name -Line 1

BRAIN INJURY FLORIDA



Organization's legal name -Line 2



Employer Identification Number (EIN)

920243890



PREVIOUS

CANCEL FILING

CONTINUE



Select EIN

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Please select the EIN for which you want to file for

EIN

92-0243890 - BRAIN INJURY FLORIDA



MANAGE E-POSTCARD PROFILE

CONTINUE