

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741619 (1)

1. Corporation Name
DYSLEXIA RESEARCH INSTITUTE, INC.



Principal Place of Business: 4745 CENTERVILLE RD TALLAHASSEE FL 32308
Mailing Address: 4745 CENTERVILLE RD TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 02/15/1978
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-1820902
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **HARDMAN, PATRICIA K. 4745 CENTERVILLE RD TALLAHASSEE FL 32308**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: RENNICK, ROBYN STREET ADDRESS: 3915 WOODGREEN WAY CITY-ST-ZIP: TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: Zip code 32308	
TITLE: PD NAME: HARDMAN, PATRICIA K STREET ADDRESS: 3915 WOODGREEN WAY CITY-ST-ZIP: TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: Zip code 32308	
TITLE: TD NAME: KITTERMAN, LESLIE STREET ADDRESS: 969 MEDIEVAL PLACE CITY-ST-ZIP: TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: Zip code 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ATKINSON, BETTYE STREET ADDRESS: 1513 SHARON ROAD CITY-ST-ZIP: TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: Zip code 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COCKE, KIRK B. STREET ADDRESS: 2138 ARMISTEAD DRIVE CITY-ST-ZIP: TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: Maury Hagerman 5.3 STREET ADDRESS: 3519 Offaly Court 5.4 CITY-ST-ZIP: Tallahassee, FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FLEMING, LOIS D STREET ADDRESS: 2801 LUCERNE DR. CITY-ST-ZIP: TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: Zip code 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia K. Hardman Date: 4/24/96 Daytime Phone #: (904) 893-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)