

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741619 (1)**  
 1. Corporation Name  
**DYSLEXIA RESEARCH INSTITUTE, INC.**



Principal Place of Business <b>4745 CENTERVILLE RD TALLAHASSEE FL 32308</b>	Mailing Address <b>4745 CENTERVILLE RD TALLAHASSEE FL 32308-2833</b>
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3. Date Incorporated or Qualified <b>02/15/1978</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number <b>59-1820902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>RENNICK, ROBYN</b>
STREET ADDRESS	<b>3915 WOODGREEN WAY</b>
CITY - ST - ZIP	<b>TALLAHASSEE, FL 00000</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>HARDMAN, PATRICIA K</b>
STREET ADDRESS	<b>3915 WOODGREEN WAY</b>
CITY - ST - ZIP	<b>TALLAHASSEE, FL 00000</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>KITTERMAN, LESLIE</b>
STREET ADDRESS	<b>969 MEDIEVAL PLACE</b>
CITY - ST - ZIP	<b>TALLAHASSEE, FL 00000</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>ATKINSON, BETTYE</b>
STREET ADDRESS	<b>1513 SHARON ROAD</b>
CITY - ST - ZIP	<b>TALLAHASSEE, FL 00000</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>MAURY HAGERMAN</b>
STREET ADDRESS	<b>3519 OFFALY COURT</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>FLEMING, LOIS D</b>
STREET ADDRESS	<b>2801 LUCERNE DR.</b>
CITY - ST - ZIP	<b>TALLAHASSEE, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>Zip Code 32308</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>Zip code 32308</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>Zip Code 32301</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>Zip Code 32303</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>Zip code 32308</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<b>Zip code 32303</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **4/7/97** (904) 893-2216  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0007823

CR2E037 (9/96)