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**Apr 20, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 741619

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



2. Principal Place of Business 21 5746 Centerville Rd Suite, Apt. #, etc. 22	2a. Mailing Address 26 5746 Centerville Road Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 02/15/1978	4. FEI Number 59-1820902 Applied For Not Applicable
23 City & State Tallahassee, FL	28 City & State Tallahassee, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 32308 25 Country USA	29 Zip 32308 30 Country USA		

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) 5746 Centerville Road 83 84 City FL 85 Zip Code
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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 D <input type="checkbox"/> DELETE	NAME RENNICK, ROBYN	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Jerome Osteryoung
STREET ADDRESS 3915 WOODGREEN WAY	CITY-ST-ZIP TALLAHASSEE, FL 00000	1.2 NAME	1.3 STREET ADDRESS 2912 Brandemere Drive
TITLE D <input type="checkbox"/> DELETE	NAME HARDMAN, PATRICIA K	1.4 CITY-ST-ZIP Tallahassee, FL 32308	2.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3915 WOODGREEN WAY	CITY-ST-ZIP TALLAHASSEE, FL 00000	2.2 NAME Thomas Pennekamp	2.3 STREET ADDRESS 12064 Cedar Bluff
TITLE VSD <input type="checkbox"/> DELETE	NAME KITTERMAN, LESLIE	2.4 CITY-ST-ZIP Tallahassee, FL 32312	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 969 MEDIEVAL PLACE	CITY-ST-ZIP TALLAHASSEE, FL 00000	3.2 NAME Ty Wold	3.3 STREET ADDRESS 1504 Paula Drive
TITLE D <input type="checkbox"/> DELETE	NAME ATKINSON, BETTYE	3.4 CITY-ST-ZIP Tallahassee, FL 32303	4.1 TITLE
STREET ADDRESS 1513 SHARON ROAD	CITY-ST-ZIP TALLAHASSEE, FL 00000	4.2 NAME	4.3 STREET ADDRESS
TITLE D <input type="checkbox"/> DELETE	NAME MAURY HAGERMAN	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3519 OFFALY COURT	CITY-ST-ZIP TALLAHASSEE FL	5.2 NAME	5.3 STREET ADDRESS
TITLE D <input checked="" type="checkbox"/> DELETE	NAME FLEMING, LOIS D	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2601 LUCERNE DR.	CITY-ST-ZIP TALLAHASSEE, FL 00000	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** April 15, 1999 (850) 893-2216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)