


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90052 031 ****61.25

DOCUMENT # 741619					
1. Entity Name DYSLEXIA RESEARCH INSTITUTE, INC.					
Principal Place of Business 5746 CENTERVILLE RD TALLAHASSEE, FL 32308 US			Mailing Address 5746 CENTERVILLE RD TALLAHASSEE, FL 32308 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1820902	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	01072004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARDMAN, PATRICIA K. 5746 CENTERVILLE RD TALLAHASSEE, FL 32308			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENNICK, ROBYN		NAME	See list attached	
STREET ADDRESS	3915 WOODGREEN WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDMAN, PATRICIA K		NAME		
STREET ADDRESS	3915 WOODGREEN WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KITTERMAN, LESLIE		NAME		
STREET ADDRESS	969 MEDIEVAL PLACE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATKINSON, BETTYE		NAME		
STREET ADDRESS	1513 SHARON ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLD, TY		NAME		
STREET ADDRESS	1504 PAULA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNEKAMP, THOMAS		NAME		
STREET ADDRESS	12064 CEDAR BLUFF		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Patricia K. Hardman</i> Patricia K. Hardman			January 7, 2004		850/893-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 2216

*Attachment
741619*

Dyslexia Research Institute

Board of Directors

2004

Ms. Andrea Personett
President
530 Williams Street
Tallahassee, FL 32301

Mr. Maury Hagerman
Director
3519 Offaly Court
Tallahassee, FL 32308

Ms. Leslie Kitterman
Vice President/Secretary
969 Medieval Place
Tallahassee, FL 32301

Mr. Dwayne Cargile
Director
4598 Berklie Drive
Tallahassee, FL 32308

Mr. Thomas Pennekamp
Director
12064 Cedar Bluff
Tallahassee, FL 32312

Ms. Robyn Rennick
Director
3915 Woodgreen Way
Tallahassee, FL 32308

Ms. Jeannie Scruggs
Director
5407 Touraine Way
Tallahassee, FL 32308

Mr. Ty Wold
Director
1504 Paula Drive
Tallahassee, FL 32303

Ms. Deannie Mang
Director
2407 Winthrop Road
Tallahassee, FL 32308

Mr. Bryan Pugh
Director
13036 Gopher Wood Trail
Tallahassee, FL 32312

Ms. Elizabeth Gablehouse
Director
2510 Chamberlin Drive
Tallahassee, FL 32308

Mr. Anthony DeMarco
Director
3434 Foley Drive
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Dr. Patricia K. Hardman
Director
3915 Woodgreen Way
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