

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741619

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: DYSLEXIA RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

5746 CENTERVILLE RD  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

5746 CENTERVILLE RD  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

FEI Number: 59-1820902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARDMAN, PATRICIA K.  
5746 CENTERVILLE RD  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PB ( ) Delete  
Name: PUGH, BRYAN  
Address: 2900 APALACHEE PARKWAY  
City-St-Zip: TALLAHASSEE, FL 32301

Title: V ( ) Delete  
Name: KITTERMAN, LESLIE  
Address: 969 MEDIEVAL PLACE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST ( ) Delete  
Name: RENNICK, ROBYN A  
Address: 5746 CENTERVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: M ( ) Delete  
Name: HARDMAN, PATRICIA K  
Address: 5746 CENTERVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: M ( ) Delete  
Name: DIMARCO, ANTHONY  
Address: 3434 FOLEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: M ( ) Delete  
Name: GABLEHOUSE, ELIZABETH  
Address: 2510 CHAMBERLIN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STEELE, JUDY  
Address: 3938 EDGEWATER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JOYCE, MCNEILL  
Address: 6982 STANDING PINES LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA K. HARDMAN

MD

03/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date