

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741619

FILED
Apr 14, 2009
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 (X)

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: P () Delete
Name: STEELE, JUDY
Address: 3938 EDGEWATER DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date