

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741619

FILED
Jan 19, 2012
Secretary of State

Entity Name: DYSLEXIA RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

5246 CENTERVILLE RD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

5246 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.
5246 CENTERVILLE RD
TALLAHASSEE, FL 32309 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
Name: WILDE, THOMAS F
Address: 1471 TIMBERLANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: V
Name: WILDE, THOMAS
Address: 2000 CAPITAL CIRCLE N.E.
City-St-Zip: TALLAHASSEE, FL 32308

Title: S
Name: RENNICK, ROBYN A
Address: 5246 CENTERVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: T
Name: CONDON, JAN
Address: 2000 BAUM ROAD
City-St-Zip: TALLAHASSEE, FL 32307

Title: D
Name: HARDMAN, PATRICIA K
Address: 5246 CENTERVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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

I hereby 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 all other like empowered.

SIGNATURE: ROBYN A. RENNICK

SEC

01/19/2012

Electronic Signature of Signing Officer or Director

Date