

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003824

FILED  
Feb 21, 2003  
Secretary of State

Entity Name: DYSLEXIC/ADD EDUCATION FOR SMART KIDS, A NOT-FOR-PROFIT CORPORATION

**Current Principal Place of Business:**

1101 OHIO AVE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1101 OHIO AVE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 59-3504847      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THOMPSON, WAYLON  
314 MAGNOLIA AVE.  
PANAMA CITY, FL 32401      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: D      ( ) Delete  
Name: MORTENSON, DALE  
Address: 1101 OHIO AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D      ( ) Delete  
Name: MORTENSON, EILEEN  
Address: 1101 OHIO AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D      ( ) Delete  
Name: GLAD STONE, TOM  
Address: 502 TIMBER LANE  
City-St-Zip: PANAMA CITY, FL 32505

Title: D      ( ) Delete  
Name: HURST, KAREN  
Address: 1943 QUAIL RUN  
City-St-Zip: LYNN HAVEN, FL 32444

**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: D      (X) Change ( ) Addition  
Name: MCDANIEL, KATE  
Address: 4423 SCHOONER LN  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EILEEN MORTENSON

D

02/21/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date