

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741619

**Entity Name:** DYSLEXIA RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

1934 STATE RD 30A  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

1934 STATE RD 30A  
PORT ST. JOE, FL 32456 US

**FEI Number: 59-1820902**

**Certificate of Status Desired: Yes**

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

RENNICK, ROBYN A  
1934 STATE RD 30A  
PORT ST. JOE, FL 32456 US

*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: ROBYN A. RENNICK**

**03/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RENNICK, ROBYN K  
Address 1934 STATE RD 30A  
City-State-Zip: PORT ST. JOE FL 32456

Title S/T  
Name RENNICK, ROBYN A  
Address 1934 STATE RD 30A  
City-State-Zip: PORT ST. JOE FL 32456

Title D  
Name KITTERMAN, LESLIE  
Address 969 MEDIEVAL PLACE  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name WOLD, TY  
Address 1504 PAULA DR  
City-State-Zip: TALLAHASSEE FL 32303

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

Title D  
Name GRAY, PAT DR.  
Address 2751 PARSONS REST  
City-State-Zip: TALLAHASSEE FL 32309

*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 RENNICK**

**SECRETARY**

**03/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date