

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741619

Entity Name: DYSLEXIA RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

5246 CENTERVILLE RD
TALLAHASSEE, FL 32309

Current Mailing Address:

5246 CENTERVILLE RD
TALLAHASSEE, FL 32309 US

FEI Number: 59-1820902

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARDMAN, PATRICIA K.
5246 CENTERVILLE RD
TALLAHASSEE, FL 32309 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

DIRECTOR

02/14/2014

Electronic Signature of Signing Officer/Director Detail

Date