

**2013 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 WILDE, THOMAS F  
Address 1471 TIMBERLANE  
City-State-Zip: TALLAHASSEE FL 32308

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

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

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

Title M  
Name GABLEHOUSE, ELIZABETH  
Address 2510 CHAMBERLIN DRIVE  
City-State-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 RENNICK**

**S**

**03/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date