

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009461

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC3938422092**

**Entity Name:** AMERICAN DYSLEXIA ASSOCIATION, INC.

**Current Principal Place of Business:**

442 S. TAMIAMI TRAIL  
OSPREY, FL 34229

**Current Mailing Address:**

442 S. TAMIAMI TRAIL  
OSPREY, FL 34229

**FEI Number: 26-3530084**

**Certificate of Status Desired: No**

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

CONKLIN, THOMAS R  
442 S TAMIAMI TRAIL  
OSPREY, FL 34229 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            CEOD  
Name            PAILER-DULLER, LIVIA R  
Address        442 S TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title            TD  
Name            ENGEL, MARIO  
Address        442 S TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

*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: MARIO ENGEL**

**TD**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date