

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006173

**Entity Name:** DYSLEXIC LEAGUE INC.

**Current Principal Place of Business:**

301 W PLATT ST  
413  
TAMPA, FL 33606

**Current Mailing Address:**

301 W PLATT ST  
413  
TAMPA, FL 33606 US

**FEI Number:** 47-4463088

**Certificate of Status Desired:** No

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

ROSBOUGH, CHRISTOPHER P  
301 W PLATT ST  
413  
TAMPA, FL 33606 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 PD  
Name ROSBOUGH, CHRISTOPHER P  
Address 301 W PLATT ST  
413  
City-State-Zip: TAMPA FL 33606

Title TD  
Name CLARK, THOMAS M  
Address 301 W PLATT ST  
413  
City-State-Zip: TAMPA FL 33606

Title SD  
Name ROSBOUGH, JOSHUA J  
Address 301 W PLATT ST  
413  
City-State-Zip: TAMPA FL 33606

*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:** CHRISTOPHER ROSBOUGH

**PRESIDENT**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date