

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723113 (7)**

1. Corporation Name  
**LEARNING DISABILITIES ASSOCIATION OF FLORIDA, IN C.**



Principal Place of Business <b>331 E. HENRY STREET PUNTA GORDA FL 33950</b>	Mailing Address <b>331 E. HENRY STREET PUNTA GORDA FL 33950-8061</b>
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3. Date Incorporated or Qualified <b>04/11/1972</b>	3a. Date of Last Report <b>02/08/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>23-7190632</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**KRON, CHERYL  
331 E. HENRY STREET  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILCHRIST, MARY SISTER	
STREET ADDRESS	2911 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GILCHRIST, MARY SISTER	
STREET ADDRESS	4171 FRUITVILLE RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, DEBRA	
STREET ADDRESS	408 NW 31ST ST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOSWORTH, JOHN	
STREET ADDRESS	39850 US 19 N UNIT 914	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEVI, KATHY	
STREET ADDRESS	21410 HIGHLANDS LAKES BLVD	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAVEL, CAROLYN	
STREET ADDRESS	1229 BRYN MAWR	
CITY-ST-ZIP	ORLANDO FL 32804	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Julie Benson	
1.3 STREET ADDRESS	216 Rudder Rd.	
1.4 CITY-ST-ZIP	Vero Beach, FL 32963	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arnold Stark	
2.3 STREET ADDRESS	6305 Bunska Springs Rd.	
2.4 CITY-ST-ZIP	Tampa, FL 33610	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham Date: 2-11-97

CR2E037 (9/96)