


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 723113</b> 1. Entity Name <b>LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC.</b>	
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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</b>
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03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>23-7190632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>KRON, CHERYL 331 E. HENRY STREET PUNTA GORDA, FL 33950</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Cheryl Kron</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>3-2-04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>UN0000083236 03/10/04-80031-009 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KURTZ, GAIL 1201 LOUISIANA AVE C WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD STARK, ARNOLD 8305 EUREKA SPRINGS RD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEHMAN, MARY ANN 4091 ORANGE GROVE BLVD FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAVEL, CAROLYN 1229 BRYN MAWR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Gail E. Kurtz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>March 5, 2004</i> DAYTIME PHONE # <i>407 740-5678</i>