

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90220 042 ****61.25



| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # 723113 | | | | 1. Entity Name | |
| LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC. | | | | | |
| Principal Place of Business | | Mailing Address | | | |
| 331 E. HENRY STREET PUNTA GORDA FL 33950 | | 331 E. HENRY STREET PUNTA GORDA FL 33950 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | |
| | | | | 23-7190632 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 1st MOORE CR2E037 (10/04) | |
| | | | | Applied For | |
| | | | | Not Applicable | |



| | | | | | | | |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| KRON, CHERYL 331 E. HENRY STREET PUNTA GORDA FL 33950 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | FL | | Zip Code | |

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 *Cheryl Kron* Cheryl Kron *4-5-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|--|---|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to: Florida Department of State |
|--|--|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|-------------------------|--|---|--------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KURTZ, GAIL | | NAME | Jacky Egli | |
| STREET ADDRESS | 1201 LOUISIANA AVE C | | STREET ADDRESS | 894 Gary Hillery Dr | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STARK, ARNOLD | | NAME | | |
| STREET ADDRESS | 6305 EUREKA SPRINGS RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEHMAN, MARY ANN | | NAME | Mira Halpert | |
| STREET ADDRESS | 4091 ORANGE GROVE BLVD | | STREET ADDRESS | 3121 NW 108th Dr | |
| CITY-ST-ZIP | FORT MYERS FL 33903 | | CITY-ST-ZIP | Coral Springs, FL 33065 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAVEL, CAROLYN | | NAME | | |
| STREET ADDRESS | 1229 BRYN MAWR | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32804 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *Carolyn C Tavel* Carolyn C Tavel *4-18-05* 407-841-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #