


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 014 ****70.00

DOCUMENT # 723113							
1. Entity Name LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC.							
Principal Place of Business 331 E. HENRY STREET PUNTA GORDA, FL 33950		Mailing Address 331 E. HENRY STREET PUNTA GORDA, FL 33950					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 23-7190632			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		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	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	EGLI, JACKY	NAME	Egli, Jacky				
STREET ADDRESS	894 GARY HILLERY DR	STREET ADDRESS					
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	VPD STARK, ARNOLD	NAME	Shatlock, Kathy				
STREET ADDRESS	6305 EUREKA SPRINGS RD.	STREET ADDRESS	3221 Sand Lake Rd				
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP	Longwood, FL 32779				
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	HALPERT, MIRA	NAME	Halpert, mira				
STREET ADDRESS	3121 NW 108TH DR	STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	P TAVEL, CAROLYN	NAME	Aikens, Barbara				
STREET ADDRESS	1229 BRYN MAWR	STREET ADDRESS	894 Gary Hillery Drive				
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	Winter Springs, FL 32708				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME		NAME	T Parrish, John				
STREET ADDRESS		STREET ADDRESS	894 Gary Hillery Drive				
CITY-ST-ZIP		CITY-ST-ZIP	Winter Springs, FL 32708				
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 exemptions contained in Chapter 119, 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>John Parrish</i>		John Parrish		4-11-07 407-366-1099			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			