

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723113

FILED
Apr 16, 2008
Secretary of State

Entity Name: LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

331 E. HENRY STREET
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

331 E. HENRY STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 23-7190632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EGLI, JACKY
Address: 894 GARY HILLERY DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: SHATLOCK, KATHY
Address: 3221 SAND LAKE RD
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: HALPERT, MIRA
Address: 3121 NW 108TH DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: AIKENS, BARBARA
Address: 894 GARY HILLERY DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: PARRISH, JOHN
Address: 897 GARY HILLERY DR
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HALPERT, MARK
Address: 3121 NW 108TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EGLI, JACKY
Address: 894 GARY HILLERY DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Change () Addition
Name: PARRISH, JOHN
Address: 894 GARY HILLERY DR
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN PARRISH

Electronic Signature of Signing Officer or Director

T

04/16/2008

Date