

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723113

FILED  
Apr 10, 2009  
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: HALPERT, MARK  
Address: 3121 NW 108TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

04/10/2009

\_\_\_\_\_ Date