

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723113

FILED
Apr 23, 2010
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:

894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708

Current Mailing Address:

331 E. HENRY STREET
PUNTA GORDA, FL 33950

New Mailing Address:

894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708

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:

EGLI, JACKY PAST PR
894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708 US

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: JACKY EGLI

04/23/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN PARRISH

T

04/23/2010

Electronic Signature of Signing Officer or Director

Date