

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762065

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE FLORIDA BRANCH OF THE INTERNATIONAL DYSLEXIA ASSOCIATION, INC.

Current Principal Place of Business:

3750 SAN JOSE PLACE
SUITE 35
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 189
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-2234349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, EDWARD
3750 SAN JOSE PLACE
SUITE 35
JACKSONVILLE, FL 32257 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: CANE, GAYLE
Address: 1857 COASTAL LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD () Delete
Name: GORNTON, BARBARA
Address: 3462 AVECA PALM AVE
City-St-Zip: MELBOURNE, FL 32901

Title: TD () Delete
Name: TAYLOR, EDWARD
Address: 3750 SAN JOSE PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: SOPER, SANDY
Address: 1625 PROSPECT STREET
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CANE, GAYLE ED.D
Address: 3352 BESSENT ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD (X) Change () Addition
Name: SCHMIDT, JEAN
Address: 108 LAKESHORE DRIVE #240
City-St-Zip: NORTH PALM BEACH, FL 33408

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: EDWARD C. TAYLOR, PH.D.

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date