

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762065

**FILED**  
**Jan 21, 2010**  
**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:**

3750 SAN JOSE PLACE  
SUITE 35  
JACKSONVILLE, FL 32257

**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  
**Name:** SCHMIDT, JEAN  
**Address:** 3750 SAN JOSE PLACE, STE 35  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** SD  
**Name:** GORNT, BARBARA  
**Address:** 3750 SAN JOSE PLACE, STE 35  
**City-St-Zip:** JACKSONVILLE, FL 32257

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

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:** EDWARD C. TAYLOR, PH.D.

TD

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date