FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765596** **(2)**

1. Corporation Name

THE DEPAUL SCHOOL FOR DYSLEXIA, INC.

Principal Place of Business	Mailing Address
639 EDGEWATER DR. DUNEDIN FL 34698	639 EDGEWATER DR. DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2249591 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MEISSNER, PAUL A.
250 BELCHER ROAD, NORTH
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	~~CHAPMAN, RONALD~~	12 NAME	Beth Henderson
STREET ADDRESS	~~1628 WINDSOR DRIVE~~	13 STREET ADDRESS	2815 Anderson Drive N
CITY-ST-ZIP	~~CLEARWATER FL~~	14 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	PITTMAN, AILEEN	22 NAME	
STREET ADDRESS	16130 BELLE MEADE BOULEVARD	23 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	~~HENDERSON, BETH~~	32 NAME	David Smitherman
STREET ADDRESS	~~2815 ANDERSON DRIVE, NORTH~~	33 STREET ADDRESS	12369 Eastfield Drive
CITY-ST-ZIP	~~CLEARWATER FL~~	34 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	NEELEY, RAYMOND	42 NAME	
STREET ADDRESS	2990 COUNTRYWOODS LANE	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	VD ☒ Change ☐ Addition
NAME	~~PRATT, THOMAS~~	52 NAME	Leota Brown
STREET ADDRESS	~~1080 WITHLACOOCHEE STREET~~	53 STREET ADDRESS	3749 Appleton Ct.
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	54 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	VD	61 TITLE	VD ☒ Change ☐ Addition
NAME	~~FEATHERSTON, CASSIE~~	62 NAME	Lynne Wolf
STREET ADDRESS	~~515 LOCKLIE STREET~~	63 STREET ADDRESS	3511 Alt 19 N
CITY-ST-ZIP	~~DUNEDIN FL~~	64 CITY-ST-ZIP	Palm Harbor, FL 34683

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Beth Henderson 5/4/95 791-8222
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000810