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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
701 ORANGE AVE CLEARWATER FL 34616	701 ORANGE AVE CLEARWATER FL 34616-5232

3. Date Incorporated or Qualified: **10/28/1982**
3a. Date of Last Report: **07/02/1996**

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

4. FEI Number: **59-2249591** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, BETH		1.2 NAME		
STREET ADDRESS	2815 ANDERSON DR N		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEARSON, JEAN		2.2 NAME		
STREET ADDRESS	2323 ELLA PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34625		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SMITHERMAN, DAVID		3.2 NAME	Wolf Lynne	
STREET ADDRESS	1389 EASTFIELD DR		3.3 STREET ADDRESS	3511 Alt. 19 N	
CITY-ST-ZIP	CLEARWATER FL 34624		3.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ENDWRIGHT, SALLY		4.2 NAME		
STREET ADDRESS	HARBOR OAKS PLACE #701/ 30 TURNER ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, LEOTA		5.2 NAME		
STREET ADDRESS	3749 APPLETON CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	WOLF, LYNNE		6.2 NAME	Krooupa, Suzanne	
STREET ADDRESS	3511 ALT 19 N		6.3 STREET ADDRESS	2973 Cypress Pointe Ct.	
CITY-ST-ZIP	PALM HARBOR FL 34683		6.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] 2/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066844