

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 765596</b>                               |  |
| 1. Entity Name<br>THE DEPAUL SCHOOL FOR DYSLEXIA, INC. |                                                                                   |

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>701 ORANGE AVE<br>CLEARWATER, FL 33756 US | Mailing Address<br>701 ORANGE AVE<br>CLEARWATER, FL 33756 US |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2249591 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--------------------------------------------------------------------|

|                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>MEISSNER, PAUL A.<br>250 BELCHER ROAD, NORTH<br>CLEARWATER, FL 34625 |
|-----------------------------------------------------------------------------------------------------------------------------|

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

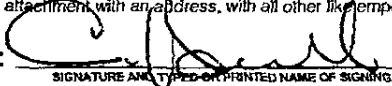
SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

|                                             |                                                                                                                    |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                        |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SPENCER, RALPH<br>1376 WILLIAMS CT.<br>CLEARWATER, FL 33764       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>RADCLIFF, THOMAS<br>3046 KEVLYN CT<br>SAFETY HARBOR, FL 34695    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HOWELL, CHRISTOPHER<br>2775 TASHA DRIVE<br>CLEARWATER, FL 33761   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>CASTLE-ELMORE, JOAN<br>1350 WINDSOR DRIVE<br>CLEARWATER, FL 33756 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|                                                                                                          |               |                           |
|----------------------------------------------------------------------------------------------------------|---------------|---------------------------|
| SIGNATURE:  Treasurer | Date: 1/12/06 | Daytime Phone #: 443-2711 |
|----------------------------------------------------------------------------------------------------------|---------------|---------------------------|