2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 765596

1. Entity Name
THE DEPAUL SCHOOL FOR DYSLEXIA, INC.

Principal Place of Business	Mailing Address
701 ORANGE AVE CLEARWATER, FL 33756 US	701 ORANGE AVE CLEARWATER, FL 33756 US

01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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01/23/06-80009-006 70.00

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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 1/12/06 443-2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #