2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# 765596

Entity Name: THE DEPAUL SCHOOL FOR DYSLEXIA, INC.

Current Principal Place of Business:

701 ORANGE AVE
CLEARWATER, FL 33756 US

New Principal Place of Business:

2747 SUNSET POINT ROAD
CLEARWATER, FL 33759 US

Current Mailing Address:

701 ORANGE AVE
CLEARWATER, FL 33756 US

New Mailing Address:

2747 SUNSET POINT ROAD
CLEARWATER, FL 33759 US

FEI Number: 59-2249591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, VICKI
701 ORANGE AVE.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

HATCH, VICKI
2747 SUNSET POINT ROAD
CLEARWATER, FL 33759 US

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: VICKI HATCH 10/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOWELL, CHRISTOPHER R
Address: 2775 TASHA DR.
City-St-Zip: CLEARWATER, FL 33761

Title: VP ( ) Delete
Name: CROSS, MARGUERITE
Address: 11675 PARKVIEW LN.
City-St-Zip: SEMINOLE, FL 33772

Title: T ( ) Delete
Name: SMITH, WALTER
Address: 3171 HYDE PARK DR.
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Delete
Name: CASTLE-ELMORE, JOAN
Address: 1350 WINDSOR DRIVE
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CROSS, MARGUERITE C DR.
Address: 11675 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

Title: VP (X) Change ( ) Addition
Name: STARNES, NANCY
Address: 340 PALM ISLAND SE
City-St-Zip: CLEARWATER, FL 33767

Title: T (X) Change ( ) Addition
Name: CROSS, RAY
Address: 11675 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. MARGUERITE C. CROSS P 10/08/2007
Electronic Signature of Signing Officer or Director Date