2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 765596

Entity Name: THE DEPAUL SCHOOL FOR DYSLEXIA, INC.

Current Principal Place of Business:

2747 SUNSET POINT ROAD
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

2747 SUNSET POINT ROAD
CLEARWATER, FL 33759 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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: CASTLE-ELMORE, JOAN MS
Address: 1350 WINDSOR DRIVE
City-St-Zip: CLEARWATER, FL 33756

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

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

Title: S (X) Change ( ) Addition
Name: VOSSELMANN, ELLYSE
Address: 1765 EAGLE TRACE BLVD
City-St-Zip: PALM HARBOR, FL 34685

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: JOAN CASTLE ELMORE P 04/30/2009

Electronic Signature of Signing Officer or Director — Date