

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765596

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**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 ( )**

**Name and Address of Current Registered Agent:**

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

Title: VP  
Name: VOSSELMANN, ELLYSE  
Address: 1765 EAGLE TRACE BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: S  
Name: SMITH, TREVOR  
Address: 1725 BAYOU GRANDE BLVD NE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: T  
Name: HICKS, MARLA  
Address: 1342 52ND AVENUE NE  
City-St-Zip: ST PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: VICKI HATCH

RA

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date