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## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 17, 2003 8:00 am Secretary of State DOCUMENT # 765596 1. Entity Name 01-17-2003 90141 042 \*\*\*\*70.00 THE DEPAUL SCHOOL FOR DYSLEXIA, INC. Principal Place of Business Mailing Address 701 ORANGE AVE **CONTENDD** 701 ORANGE AVE **CLEARWATER FL 33756** CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2249591 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEISSNER, PAUL A. Street Address (P.O. Box Number is Not Acceptable) 250 BELCHER ROAD, NORTH CLEARWATER FL 34625 Zip Code 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 ٠. SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition BACHER, MARY NAME NAME 1953 RIDGEWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME RADCLIFF, THOMAS NAME 3046 KEVLYN CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAFETY HARBOR FL 34695 CITY-ST-ZIP TITLE 📈 Delete TITLE Change ☐ Addition HITCHINGS, TRACY NAME STARNES NANCY 340 Palm Island SE NAME STREET ADDRESS 3102 WINCHESTER DR STREET ADDRESS CITY-ST-ZIP DUNEDIN FL 34698 CITY-ST-7/2 Clearwater F1 33767 TITLE ☐ Delete TITLE Change ☐ Addition NAME COLQUITT, RON STREET ADDRESS 1531 GENTRY ST STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33755** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SOMMERS, CHARLES NAME NAME STREET ADDRESS 501 PARK ST N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CASTLE-ELMORE, JOAN NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

1350 WINDSOR DRIVE

CLEARWATER FL 33756

STREET ADDRESS

CITY-ST-ZIP