2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001676 FILED THE DYSLEXIA FOUNDATION, INCORPORATED 04 FEB -4 PM 3: 29 Principal Place of Business Mailing Address SECRETARY OF STATE **4637 HIDDEN FOREST DRIVE** PO BOX 15948 TALLAHASSEE, FLORIDA SARASOTA, FL 34235 SARASOTA, FL 34277-1948 Principal Place of Business 3. Mailing Address SMME Suite, Apt. #, etc. Chg-NP CR2E037 (10/03) 4. FEI Number 04-3040415 Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired S Alvasos A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASHO, PHILIP B Street Address (P.O. Box Number is Not Acceptable) 4422 DIAMOND CIRCLE W. SARASOTA, FL 34233 City 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 agent. SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change 1 Addition NAME BAKER, WILLIAM H JR. NAME STREET ADDRESS 4637 HIDDEN FOREST DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE EATON, WILLIAM C. EASTON, WILLIAM C NAME NAME **4 GLOVER AVENUE** STREET ADDRESS STREET ADDRESS HULL, MA 02045 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME SMITH, DELOS NAME STREET ADDRESS STREET ADDRESS 845 THIRD AVE. CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP TITLE Delete TITLE Change | ☐ Addition **BULIFANT, JOYCE** NAME NAME STREET ADDRESS 44 HERITAGE COURT STREET ADDRESS CITY-ST-ZIP CARBONDALE, CO CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATTERSON, WILLIAM E NAME NAME EMERY ROAD STREET ADDRESS STREET ADDRESS CiTY-ST-7IP S. WALES, NY 14139 CITY-ST-7(P EXECUTIVE DIRECTOR DHILLP B. PASIND CIRCLE W. L-Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASONA. 12. I hereby certify that the information supplied with this filing 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 supplied entire 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 paceiver frustee empowered to execute this report as required by Chapter 417. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attac PHILIP FXESOUNE AS HO **SIGNATURE:** AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR