SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:55

DOCUMENT # **F94000003785 (2)**

1. Corporation Name
NATIONAL INSTITUTE FOR LEARNING DISABILITIES, IN C.

Principal Place of Business	Mailing Address
107 SEEKEL STREET NORFOLK VA 23505	107 SEEKEL STREET NORFOLK VA 23505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1994
3a. Date of Last Report:
4. FEI Number: 54-1506977 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: County 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: County 30:

9. Name and Address of Current Registered Agent

AKINS, NANCY T
4532 CURRY FORD ROAD
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	V	☐ Change ☒ Addition
NAME	UECKER, MILTON V	12 NAME	Tanis, Ken	
STREET ADDRESS	1000 CENTERVILLE TURNPIKE	13 STREET ADDRESS	462 Malin Rd.	
CITY-ST-ZIP	VIRGINIA BEACH VA	14 CITY-ST-ZIP	Newtown Square, PA 19073	
TITLE	S	21 TITLE	T	☐ Change ☒ Addition
NAME	MILLER, ROBERT M	22 NAME	Northup, David H.	
STREET ADDRESS	255 THOLE STREET	23 STREET ADDRESS	Alton Bay Christian Conference Ctr.	
CITY-ST-ZIP	NORFOLK VA	24 CITY-ST-ZIP	Alton Bay, NH 03810	
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	BARRY, SHARON	32 NAME	McCullough, Larry M.	
STREET ADDRESS	2281 OLD TYLER ROAD	33 STREET ADDRESS	7045 Moores Ln.	
CITY-ST-ZIP	BIRMINGHAM AL	34 CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	COTTLE, MORRIS	42 NAME	Berry, Sharon R.	
STREET ADDRESS	856 FIVE POINT ROAD	43 STREET ADDRESS	3115 Club Dr.	
CITY-ST-ZIP	BIRMINGHAM AL	44 CITY-ST-ZIP	Birmingham, AL 35226	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	EMMETT, DONALD F	52 NAME	Delete Emmett, Donald F.	
STREET ADDRESS	255 THOLE STREET	53 STREET ADDRESS		
CITY-ST-ZIP	NORFOLK VA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	MCKINLEY, WILLIAM	62 NAME	McKinley, William	
STREET ADDRESS	2300 W. WORTH AVENUE	63 STREET ADDRESS	3110 Rock Creek Dr.	
CITY-ST-ZIP	LA HABRA CA	64 CITY-ST-ZIP	Louisville, KY 40207	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Ed. D. 6/14/95 804-429-5770
SIGNATURE AND TYPED OR PRINTED NAME OF MONTH OFFICER OR DIRECTOR — Date — Daytime Phone #

0010951