

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003785 (2)

1. Corporation Name

NATIONAL INSTITUTE FOR LEARNING DISABILITIES, IN
C.



Principal Place of Business

107 SEEKEL STREET
NORFOLK VA 23505

Mailing Address

107 SEEKEL STREET
NORFOLK VA 23505

3. Date Incorporated or Qualified
07/19/1994

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKINS, NANCY T
4532 CURRY FORD ROAD
ORLANDO FL 32812

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME UECKER, MILTON V
STREET ADDRESS 1000 CENTERVILLE TURNPIKE
CITY - ST - ZIP VIRGINIA BEACH VA

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE S ☐ DELETE
NAME MILLER, ROBERT M
STREET ADDRESS 255 THOLE STREET
CITY - ST - ZIP NORFOLK VA

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D ☒ DELETE
NAME BARRY, SHARON
STREET ADDRESS 2281 OLD TYLER ROAD
CITY - ST - ZIP BIRMINGHAM AL

31 TITLE ☐ Change ☒ Addition
32 NAME D
33 STREET ADDRESS McViff, Gene
34 CITY - ST - ZIP 5101 Cleveland St., Suite 104
Virginia Beach, VA 23462

TITLE D ☐ DELETE
NAME BERRY, SHARON
STREET ADDRESS 3115 CLUB DR
CITY - ST - ZIP BIRMINGHAM AL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE V ☐ DELETE
NAME TANIS, KEN
STREET ADDRESS 462 MALIN RD
CITY - ST - ZIP NEWTON SQUARE PA

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME MCKINNEY, WILLIAM
STREET ADDRESS 3110 ROCK CREEK DR
CITY - ST - ZIP LOUISVILLE KY

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

804-423-5770

Daytime Phone #

CR2E037 (12/95)