

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 16 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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

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NORFOLK VA 23505

3. Date Incorporated or Qualified

07/19/1994

4. FEI Number

54-1506977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

Does not

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN ANNA W  
800 N PINE HILLS RD  
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 (use if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | PD                               | <input type="checkbox"/> DELETE            |
| NAME           | UECKER, MILTON V                 |  |
| STREET ADDRESS | 104 W HAMPTON WAY                |  |
| CITY-ST-ZIP    | COLUMBIA SC                      |  |
| TITLE          | SD                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | MILLER, ROBERT M                 |  |
| STREET ADDRESS | 255 THOLE STREET                 |  |
| CITY-ST-ZIP    | NORFOLK VA                       |  |
| TITLE          | TD                               | <input type="checkbox"/> DELETE            |
| NAME           | MONIFF, GENE                     |  |
| STREET ADDRESS | 5101 CLEVELAND STREET, SUITE 104 |  |
| CITY-ST-ZIP    | VIRGINIA BEACH VA                |  |
| TITLE          | D                                | <input type="checkbox"/> DELETE            |
| NAME           | BERRY, SHARON                    |  |
| STREET ADDRESS | 3115 CLUB DR                     |  |
| CITY-ST-ZIP    | BIRMINGHAM AL                    |  |
| TITLE          | VD                               | <input type="checkbox"/> DELETE            |
| NAME           | TANIS, KEN                       |  |
| STREET ADDRESS | 462 MALIN RD                     |  |
| CITY-ST-ZIP    | NEWTON SQUARE PA                 |  |
| TITLE          | D                                | <input type="checkbox"/> DELETE            |
| NAME           | MCKINNEY, WILLIAM                |  |
| STREET ADDRESS | 3110 ROCK CREEK DR               |  |
| CITY-ST-ZIP    | LOUISVILLE KY                    |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | D  |
| 2.3 STREET ADDRESS | Latsko, Mike   |
| 2.4 CITY-ST-ZIP    | 7120 Granby St.<br>Norfolk, VA 23505   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/98  
Date

757-423-8266  
Daytime Phone #

CR2E037 (5/98)