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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003785

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**MARTIN ANNA W
800 N PINE HILLS RD
ORLANDO FL 32812**

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	UECKER, MILTON V		
	104 W HAMPTON WAY		
	COLUMBIA SC		
D	LATSKO, MIKE		
	7120 GRANBY ST		
	NORFOLK VA 23505		
TD	MCNIFF, GENE		
	5101 CLEVELAND STREET, SUITE 104		
	VIRGINIA BEACH VA		
D	BERRY, SHARON		
	3115 CLUB DR		
	BIRMINGHAM AL		
VD	TANIS, KEN		
	462 MALIN RD		
	NEWTON SQUARE PA		
D	MCKINNEY, WILLIAM		
	3110 ROCK CREEK DR		
	LOUISVILLE KY		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

757-423-8212

CR2E037 (11/98)