

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003785

FILED
Feb 22, 2005
Secretary of State

Entity Name: NATIONAL INSTITUTE FOR LEARNING DISABILITIES, INC.

Current Principal Place of Business:

107 SEEKEL STREET
NORFOLK, VA 23505

New Principal Place of Business:

Current Mailing Address:

107 SEEKEL STREET
NORFOLK, VA 23505

New Mailing Address:

FEI Number: 54-1506977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ANNA W
8800 W COLONIAL DR
OCOOE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UECKER, MILTON V
Address: COLUMBIA INTERNATIONAL UNIVERSITY
City-St-Zip: COLUMBIA, SC 29230

Title: VD () Delete
Name: BELL, ANTONY
Address: 1903 GADSDEN ST
City-St-Zip: COLUMBIA, SC 29201

Title: TD () Delete
Name: FREDERICK, COBLE
Address: 500 VOLVO PKWY
City-St-Zip: CHESAPEAKE, VA 23320

Title: D () Delete
Name: MASON, JON
Address: 1442 N VEAUX LOOP
City-St-Zip: NORFOLK, VA 23509

Title: SD () Delete
Name: TAYLOR, MARGO
Address: 7411 GLENCOVE PLACE
City-St-Zip: NORFOLK, PA 23505

Title: D () Delete
Name: MCNIFF, GENE
Address: 5101 CLEVELAND ST., SUITE 104
City-St-Zip: VIRGINIA BEACH, VA 23462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: UECKER, MILTON V
Address: COLUMBIA INTERNATIONAL UNIVERSITY
City-St-Zip: COLUMBIA, SC 29230

Title: PD (X) Change () Addition
Name: BELL, ANTONY
Address: 1903 GADSDEN ST
City-St-Zip: COLUMBIA, SC 29201

Title: TD (X) Change () Addition
Name: COBLE, FREDERICK C
Address: 500 VOLVO PKWY
City-St-Zip: CHESAPEAKE, VA 23320

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TAYLOR, MARGO
Address: 7411 GLENCOVE PLACE
City-St-Zip: NORFOLK, VA 23505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE MCNIFF

D

02/22/2005

Electronic Signature of Signing Officer or Director

Date