


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90013 049 \*\*\*\*61.25

<b>DOCUMENT # F94000003785</b> 1. Entity Name NATIONAL INSTITUTE FOR LEARNING DISABILITIES, INC.					
Principal Place of Business 107 SEEKEL STREET NORFOLK, VA 23505			Mailing Address 107 SEEKEL STREET NORFOLK, VA 23505		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  MARTIN, ANNA W 8800 W COLONIAL DR OCOEE, FL 34761				7. Name and Address of New Registered Agent Name <u>Susan K. Stanley</u> Street Address (P.O. Box Number is Not Acceptable)  <u>17521 Hwy. 441, Suite 9</u> City <u>Mt. Dora</u> <u>FL</u> Zip Code <u>32757</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Susan K. Stanley</u> <u>Susan K. Stanley</u> <u>3/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD UECKER, MILTON V COLUMBIA INTERNATIONAL UNIVERSITY COLUMBIA, SC 29230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BELL, ANTONY 1903 GADSDEN ST COLUMBIA, SC 29201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCULLOUGH, LARRY D 9547 SW 148 AVE., CIR. N. MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NORTHUP, DAVID H 22927 102ND TRAIL LIVE OAK, FL 32060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TAYLOR, MARGO 7411 GLENCOVE PLACE NORFOLK, VA 23505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNIFF, GENE 5101 CLEVELAND ST., SUITE 104 VIRGINIA BEACH, VA 23462	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u>[Signature]</u> <u>3/14/07</u> <u>757-423-8646 x. 203</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

40055352



03012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
54-1506977  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required