2003

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90083 039 ****61.25

DOCUMENT # F94000003785

1. Entity Name
National Institute for Learning Disabilities INC

DO NOT WRITE IN THIS SPACE

90017710

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2. Principal Place of Business	3. Mailing Address
Norfolk, VA	
Suite, Apt. #, etc. 107 Seekel St	Suite, Apt. #, etc. (SAME)
City & State Norfolk VA	City & State
Zip 23505 Country USA	Zip Country

4. FEI Number 54-1506977 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ANNA W. MARTIN

Street Address (P.O. Box Number is Not Acceptable): 8800 W. Colonial DR

City: Ocoee FL Zip Code: 34761

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: Anna W. Martin ANNA W. MARTIN 1/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Vecker, Milton
STREET ADDRESS	1912 Lorick Rd
CITY-ST-ZIP	Blythewood, SC 29016
TITLE	TD
NAME	McNiff, Gene
STREET ADDRESS	5101 Cleveland St, Suite 104
CITY-ST-ZIP	Virginia Beach, VA 23462
TITLE	D
NAME	Berry, Sharon
STREET ADDRESS	315 Club DR
CITY-ST-ZIP	Birmingham, AL 35226
TITLE	VD
NAME	Tanis, Ken
STREET ADDRESS	462 Main Rd
CITY-ST-ZIP	Newton Square, PA 19073
TITLE	D
NAME	McKinley, William
STREET ADDRESS	700 S English Station Rd
CITY-ST-ZIP	Louisville, Ky 40245
TITLE	D
NAME	Hopkins, Kathleen R.
STREET ADDRESS	452 Suburban Pkwy
CITY-ST-ZIP	Norfolk, VA 23505

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CR2E037B (12/02)

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

SIGNATURE: Kathleen R. Hopkins Kathleen R. Hopkins 1/31/03 757-423-8646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Executive Director