


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41095** (3)

1. Corporation Name

**LEARNING DISABILITIES ASSOCIATION OF CENTRAL FLO  
RIDA, INC.**



Principal Place of Business

Mailing Address

% CAROLYN C. TAVEL  
1800 SILVER STAR RD  
ORLANDO FL 32804  
US

% CAROLYN C. TAVEL  
1800 SILVER STAR RD  
ORLANDO FL 32804-3442  
US

3. Date Incorporated or Qualified  
**11/28/1990**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-3039758**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAVEL, CAROLYN C.  
1800 SILVER STAR RD, RM 701  
ORLANDO FL 32804

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE

NAME **LAUTERIA, GAYLEY**  
STREET ADDRESS **746 TERRACE BLVD.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **DV** ☐ DELETE

NAME **BUCHWALD, JAN**  
STREET ADDRESS **1350 AUDUBON ROAD**  
CITY-ST-ZIP **MAITLAND FL**

TITLE **SD** ☐ DELETE

NAME **BUCCINO, CHRIS**  
STREET ADDRESS **2813 CEDAR BLUFF LANE**  
CITY-ST-ZIP **OCOE FL**

TITLE **DP** ☐ DELETE

NAME **WILLIAMS, NANCY B.**  
STREET ADDRESS **616 SMOKERISE BLVD.**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DT**  
**Thelma Norton**  
1.3 STREET ADDRESS **1600 Silver Star Road**  
1.4 CITY-ST-ZIP **Orlando, FL 32804**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SD**  
**Julie Livesay**  
2.3 STREET ADDRESS **1600 Silver Star Road**  
2.4 CITY-ST-ZIP **Orlando, FL 32804**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **BP**  
**Ruth Russell**  
3.3 STREET ADDRESS **1600 Silver Star Road**  
3.4 CITY-ST-ZIP **Orlando, FL 32804**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, upon an attachment with an address.

CR2E037 (9/96)