

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41095 (3)

1. Corporation Name

LEARNING DISABILITIES ASSOCIATION OF CENTRAL FLO  
RIDA, INC.

Principal Place of Business

Mailing Address

% CAROLYN C. TAVEL  
1600 SILVER STAR RD  
ORLANDO FL 32804  
US

% CAROLYN C. TAVEL  
1600 SILVER STAR RD  
ORLANDO FL 32804  
US

3. Date Incorporated or Qualified

11/28/1990

4. FEI Number

59-3039758

Applied For

Not Applicable

2. Principal Place of Business

21 550 S. Eola Drive

22 Suite, Apt. #, etc.  
Rm. 122

23 City & State  
Orlando, FL 32801

24 32801 Country  
USA

2a. Mailing Address

26 550 S. Eola Drive, Rm. 122

27 Suite, Apt. #, etc.  
Rm. 122

28 City & State  
Orlando, FL 32801

29 32801 Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAVEL, CAROLYN C.  
1600 SILVER STAR RD, RM 701  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name  
Carolyn C. Tavel

82 Street Address (P.O. Box Number is Not Acceptable)  
550 S. Eola Drive, Rm. 122

83

84 City  
Orlando, FL

85 Zip Code  
FL 32801

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

12. OFFICERS AND DIRECTORS

TITLE DT ☒ DELETE

NAME NORTON, THELMA  
STREET ADDRESS 1600 SILVER STAR RD  
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME LIVESAY, JULIE  
STREET ADDRESS 1600 SILVER STAR RD  
CITY-ST-ZIP MAITLAND FL

TITLE DP ☐ DELETE

NAME RUSSELL, RUTH  
STREET ADDRESS 1600 SILVER STAR RD  
CITY-ST-ZIP OCOEE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Michael Agat, Treasurer ☒ Change ☐ Addition

1.2 NAME 431 E. Central Blvd. Ste. 507  
1.3 STREET ADDRESS Orlando, FL 32801  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 550 S. Eola Dr. Rm. 122  
2.3 STREET ADDRESS Orlando, FL 32801  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 550 S. Eola Drive, RM. 122  
3.3 STREET ADDRESS Orlando, FL 32801  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Linda McAleer  
4.3 STREET ADDRESS 264 Spring Run Circle  
4.4 CITY-ST-ZIP Longwood, FL 32779

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: Tonya Bailey - Director Tonya Bailey

7/7/98

894-0074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)