

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90033 042 ****61.25

DOCUMENT # N41095

1. Entity Name

**LEARNING DISABILITIES ASSOCIATION OF CENTRAL
FLORIDA, INC.**



Principal Place of Business

550 S EOLA DR
RM 122
ORLANDO FL 32801
US

Mailing Address

550 S EOLA DR
RM 122
ORLANDO FL 32801
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

44017059



MOORE

CR2E037 (11/03)

4. FEI Number

59-3039758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TAVEL, CAROLYN C.
550 S EOLA DR
RM 122
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

TARA POWERS -- LDA-CF

Street Address (P.O. Box Number is Not Acceptable)

550 S. Eola Drive

Room 116

City

ORLANDO

FL

Zip Code

32801

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

Tara L Powers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/2004

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 P
NAME POWERS, TARA ☐ Delete
STREET ADDRESS 550 SOUTH EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE T
NAME BOSSERMAN, ELIZABETH ☒ Delete
STREET ADDRESS 550 S EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME VAN DEEST, HOWARD ☐ Delete
STREET ADDRESS 550 S EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE VP
NAME EAGER, NATALIE ☐ Delete
STREET ADDRESS 550 S EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME ROGERS-DUNCAN, KIMBERLY ☒ Delete
STREET ADDRESS 550 S EOLA DR
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME COLUMBUS, SARAH ☒ Delete
STREET ADDRESS 550 SOUTH EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☒ Change ☐ Addition
NAME MELODY A. O'CONNOR
STREET ADDRESS 550 S. Eola Drive
CITY-ST-ZIP Orlando, FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☐ Addition
NAME TRACY HANLEY
STREET ADDRESS 550 S. Eola Drive
CITY-ST-ZIP Orlando, FL 32801

TITLE DIRECTOR ☒ Change ☐ Addition
NAME REGGIE BUCKLES
STREET ADDRESS 550 S. Eola Drive
CITY-ST-ZIP Orlando, FL 32801

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melody A. O'Connor melody A. O'CONNOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

Date

(407) 894-0074

Daytime Phone #