

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90142 042 ****61.25

DOCUMENT # N41095

1. Entity Name

**LEARNING DISABILITIES ASSOCIATION OF CENTRAL FLO
RIDA, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3039758**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, TRACY	NAME	
STREET ADDRESS	550 SOUTH EOLA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSSERMAN, ELIZABETH	NAME	Tara Powers
STREET ADDRESS	550 S EOLA DRIVE	STREET ADDRESS	550 South Eola Drive
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE	D <input type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, MELODY A	NAME	
STREET ADDRESS	550 S EOLA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCQUEEN, MAGGIE	NAME	Howard Van Deest
STREET ADDRESS	550 S EOLA DRIVE	STREET ADDRESS	550 South Eola Drive
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNHART, MEG	NAME	Natalie Eager
STREET ADDRESS	550 S EOLA DR	STREET ADDRESS	550 South Eola Drive
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	Orlando, FL 32801
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLUMBUS, SARAH	NAME	Kimberly Rogers-Duncan
STREET ADDRESS	550 SOUTH EOLA DRIVE	STREET ADDRESS	550 South Eola Drive
CITY-ST-ZIP	ORLANDO FL 32801	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:

NON-PAYABLE REQUIRED

5-21-03

407-894-0074

CR2E037 (10/02)