

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003231

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** LEARNING DISABILITY INSTITUTE, INC.

**Current Principal Place of Business:**

1201 LOUISIANA AVE  
WINTER PARK, FL 32787

**New Principal Place of Business:**

668-102 SCARLET OAK CIRCLE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

1201 LOUISIANA AVE  
STE 100  
WINTER PARK, FL 32787

**New Mailing Address:**

6791 SOUTHSORE DRIVE  
FULTON, MO 65251

**FEI Number:** 59-3580359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KURTZ, DENTON M  
1201 LOUISIANA AVE.  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

KURTZ, DENTON M  
668-102 SCARLET OAK CIRCLE  
ALTAMONTE SPRINGS,, FL 32701 US

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.

SIGNATURE: DENTON M. KURTZ

01/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: BRINT, STEPHEN  
Address: 327 RAVEN ROCK LANE  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: NELSON, RONALD  
Address: 2884 NAPLES DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: BURNS, RAYMOND A  
Address: 1767 RIDGEWOOD AVENUE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: LOGAS, EVELYN  
Address: 805 EAST CRANE AVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: MONAHAN, PHYLLIS  
Address: 7902 AUTUMN WOOD DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: ALVAREZ, MYRIA  
Address: 4864 RED BRICK RUN  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: A P (X) Change ( ) Addition  
Name: BRINT, STEPHEN  
Address: 327 RAVEN ROCK LANE  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENTON M. KURTZ

EXD

01/15/2007

Electronic Signature of Signing Officer or Director

Date