

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003231

FILED
Apr 25, 2008
Secretary of State

Entity Name: LEARNING DISABILITY INSTITUTE, INC.

Current Principal Place of Business:

668-102 SCARLET OAK CIRCLE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

6791 SOUTHSORE DRIVE
FULTON, MO 65251

New Mailing Address:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: A P () 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 (X) 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: () 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:

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

I hereby certify that the information supplied with this filing does not qualify 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

AP

04/25/2008

Electronic Signature of Signing Officer or Director

Date