

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003231

FILED  
Jan 17, 2009  
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:

668 SCARLET OAK CIRCLE  
UNIT 102  
ALTAMONTE SPRINGS, FL 32701

## 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:

KURTZ, DENTON M  
668 SCARLET OAK CIRCLE  
UNIT 102  
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:

01/17/2009

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 ( ) 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:

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: STEPHEN BRINT

DR

01/17/2009

Electronic Signature of Signing Officer or Director

Date