

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003231

FILED  
Feb 23, 2012  
Secretary of State

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

**Current Principal Place of Business:**

668 SCARLET OAK CIRCLE  
UNIT 102  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

1835 PALM LANE  
ORLANDO, FL 32803 UN

**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 SCARLET OAK CIRCLE  
UNIT 102  
ALTAMONTE SPRINGS,, FL 32701 US

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

KURTZ, DENTON M  
1835 PALM LANE  
ORLANDO, FL 32803 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:

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BRINT, STEPHEN  
Address: 327 RAVEN ROCK LANE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: SEC.  
Name: KURTZ, DENTON M  
Address: 1835 PALM LANE  
City-St-Zip: ORLANDO, FL 32803 US

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

I hereby 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 all other like empowered.

SIGNATURE: DENTON M. KURTZ

SEC

02/23/2012

Electronic Signature of Signing Officer or Director

Date