

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723113

Entity Name: LEARNING DISABILITIES ASSOCIATION OF FLORIDA, INC.

FILED
Apr 30, 2018
Secretary of State
CC3117109588

Current Principal Place of Business:

2749 EXCHANGE COURT
FIRST FLOOR
WEST PALM BEACH, FL 33409

Current Mailing Address:

2749 EXCHANGE COURT
FIRST FLOOR
WEST PALM BEACH, FL 33409 US

FEI Number: 23-7190632

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SPIRE-OH, KIMBERLEY ESQ.
2749 EXCHANGE COURT
FIRST FLOOR
WEST PALM BEACH, FL 33409 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: KIMBERLEY SPIRE-OH

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CO-PRESIDENT
Name SPIRE-OH, KIMBERLEY
Address 1904 ASCOTT ROAD
City-State-Zip: NORTH PALM BEACH FL 33408

Title CO-PRESIDENT
Name DAVIS, MICHELLE
Address 2301 MISSION VALLEY BLVD.
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name KING, DALE O
Address 500 THREE ISLANDS BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY
Name HALEY, KERI
Address 4317 VILLAGE OAK LANE
City-State-Zip: PACE FL 32571

Title DIRECTOR
Name URQUART, CHRISTOPHER
Address 11323 WINTHROP LAKE DR.
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR
Name LOCKE, BRIDGET
Address 2133 NW 19TH DR.
City-State-Zip: STUART FL 34994

Title TREASURER
Name LOCKE, RANDY
Address 2133 NW 19TH DR.
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name CAMPBELL, DEBORAH
Address 14 DRYPTES COURT WEST
City-State-Zip: HOMOSASSA FL 34446

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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: KIMBERLEY SPIRE-OH

CO-PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HALPERT, MARK
Address 3121 NW 108TH DR.
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name BUSIN, STEPHANIE
Address 429 ROYAL PALM AVENUE
City-State-Zip: CLEWISTON FL 33440