FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # H25294

(0)

MALENA'S MINI SCHOOL, INC.				<u></u>		
Principal Place of Business Mailing Address						13 346 3 91841 91861 3 1811 64833 61811 61811 1 98 1
C/O MAHALA LENA CRAWFORD 7181 PINE FOREST RD. 9318 PENSACOLA BLVD. PENSACOLA FL 32526 PENSACOLA FL 32534						
					3. Date Incorporated or Qualified 10/12/1984	3a. Date of Last Report 04/26/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2472729	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		G. Certificate of Status Desired	Fee Required	
Orty & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 [Zip	Country	28	Countr		Trust Fund Contribution	Added to Fees
24	25	<u> </u>	30	У	8. This corporation has liability for Florida Statutes K Yes	Intangible tax under s. 199,032,
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current		1		10. Name and Address of New I	
			8	Name		
MOREHOUSE, MAHALA LENA				2 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
9318 PENSACOLA BLVD.			L		a. 655 (,,,,,
PENSAC	OLA FL 32514		83	3		
			84	City		85 Zip Code
44 Directors to	the provisions of Costines 507 0500					
or registere	ed agent, or both, in the State of Florida	and 607.1506, Florida Statutes a. Such change was authorized	, the above I by the cor	named corp poration's bo	oration submits this statement for the pulard of directors. Thereby accept the app	rpose of changing its registered office. I Jointment as registered agent. I am
lammar with	n, and accept the obligations of, Section	ori 607,0505, Florida Statutes.				
SIGNATURE _	Signature, typed or printed name of registered age it a	ed fittle if applicable (NOTE	Bealstered Au	or. Signature requi	red when reastating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
THTLE	PD	☐ DELETE	1. 1 TITLE			Change Addition
NAME	CRAWFORD, MAHALA LENA		1.2 NAME			
STREET ADDRESS	45 HOWARD DRIVE		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	PENSACOLA FL		1.4 CITY			
TITLE NAME	☐ DELETE		2 1 DILE			Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE		DELETE	24 CHY-ST ZIP 3 1 TiTLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3. STRE	ET ADDRESS		
CITY - ST - ZIP			34 CITY-	ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STHEE	T ADDRESS		
CITY-ST-ZIP	רו חבובדר		4.4 CiTY-			
TITLE NAME	☐ DELETE		5 1 TITLE			Change Addition
STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP				T ADDRESS		
TIZLE	☐ DELETE		5 4 CITY - 6 1 TITLE			Change Addition
NAME			6.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-S1-7iP			6.4 CITY -			
# # 1 -l- b	and the state of t	*** ** * ** * * * * * * * * * * * * *	1 4 5			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Malena Monetage Maler

Malena Morehouse

(904) 944-5140