


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06886 (8) 1. Corporation Name THE MAHONEY SCHOOL, INC.			
Principal Place of Business C/O MARY P. MAHONEY 1802 BAKALANE AVENUE PENSACOLA FL 32504		Mailing Address C/O MARY P. MAHONEY 1802 BAKALANE AVENUE PENSACOLA FL 32504	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Zip 29		Country 30	
g. Name and Address of Current Registered Agent MAHONEY, MARY P. 1802 BAKALANE AVENUE PENSACOLA FL 32504			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PO		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MAHONEY, MARY P.		1.2 NAME	
STREET ADDRESS 1802 BAKALANE AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE VD		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MAHONEY, JAMES W.		2.2 NAME	
STREET ADDRESS 1802 BAKALANE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE D		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DRAINVILLE, MS.ALLEN S.		3.2 NAME	
STREET ADDRESS 1802 BAKALANE AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		3.4 CITY-ST-ZIP	
TITLE STD		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MAHONEY, MARY M.		4.2 NAME	
STREET ADDRESS 1802 BAKALANE AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/26/1984	3a. Date of Last Report 06/19/1996
4. FEI Number 59-2474285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

01/14/97 800-476-3774

CR2E037 (4/97)