NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90008 024 ****70.00

N06886 DOCUMENT

THE MAHONEY SCHOOL, INC.

Principal	Place	of	Business
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C/O MARY P. MAHONEY 1802 BAKALANE AVENUE PENSACOLA FL 32504

Mailing Address

C/O MARY P. MAHONEY 1802 BAKALANE AVENUE PENSACOLA FL 32504

Í						_	l					
2. Principal P	lace of Business	2a.	Mailing Address					orated or Qualifed	· <u></u>			
21		26			12/26/19	84						
Suite, Apt.	#, etc.	L	Suite, Apt. #, etc.				4. FEI Number	205			App	lied For
22		27.					59-24742	285		<u> -</u>	Not	Applicable
City & Stat	e	Τ_	City & State				5. Certifcate of	Status Desired	₽/	, -		dditional
23		28					J. Certificate of			F	ee Rec	uired
Zip	Country		Zip	Countr	у		6. Election Can	npaign Financing		\$5	5.00 r	May Be
24	25	29	3	10			Trust Fund C	Contribution		Ac	ided to	Fees
9. Name and Address of Current Registered Agent					_		10. Name and A	Address of New	Registered A	Agent		
					1	Name						
MAHONEY, MARY P.				8:	;┼	Street Addres	ss (P.O. Box Num	her is Not Accent	able)			
1802 BAKALANE AVENUE			\"		Oli Bot 7 todi ot	55 (r . C . Box . 10.11	ьс. ю пословарс					
	OLA FL 32504			8:	3							
LIVONO	OEA 1 E 02007			Ļ	1					(==1		
				84	4	City			FL	85	Zip C	ode
11 Pursuant	to the provisions of Sections 617 0502	and 6	17 1508, Florida Statutes	the above	Ve-	named cornor	ration submits this	statement for the	purpose of o	changi	na its r	egistered
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.												
agent. i a	m familiar with, and accept the obligati	ons ør,	Section 617.0503, Florid	a Statute	5.							
SIGNATURE	Signature, typed or printed name of registered agent		H participates	logistered As	ont.	signature required v	when reinstating)		DATE			
12,	OFFICERS AND			13.	-	Signatore required a		HANGES TO OF		D DIR	ECTO	RS IN 12
TITLE	PD		DELETE	1.1 TITLE	_					[] Ch		Addition
NAME	MAHONEY, MARY P.			1.2 NAME						_	•	
1	1802 BAKALANE AVENUE			1		ADDRESS						
STREET ADDRESS	PENSACOLA FL			i i			1					
CITY-ST-ZIP			DELETE	1.4 CITY- 2.1 TITLE		ZIP				ПCh	ang	Addition
TITLE	VD .		□ beccie								unge	
NAME	MAHONEY, JAMES W.			2.2 NAME								
STREET ADDRESS	1802 BAKALANE AVENUE				_	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL			2. 4 CITY-		·ZIP				[] Ch		Addition
TITLE	D		☐ DELETE	3.1 TITLE							ange	
NAME	DRAINVILLE, MS.ALLEN S.			3.2 NAME		į						
STREET ADDRESS	1802 BAKALANE AVENUE			3.3 STRE	ET A	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL		·	3.4. CITY-		-ZIP						
TITLE	STD		☐ DELETE	4.1 TITLE						CH	ange	Addition
NAME (MAHONEY, MARY M.			4. 2 NAME	Ε	į.						
STREET ADDRESS	1802 BAKALANE AVE.			4.3 STRE	ET /	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL		·	4.4 CITY-	ST-	ZIP						
TITLE			☐ DELETE	5.1 TITLE						Ch	ange	☐ Addition
NAME				5.2 NAME								
STREET ADDRESS				5.3 STRE	ET A	ADORESS						
CITY-ST-ZIP			_	5.4 CITY-	ST-	ZIP						
TITLE			☐ DELETE	6.1 TITLE						Ch	ange	Addition
NAME	5 8 1 West 19 2			6.2 NAME								
				6.3 STRE	ET A	ADDRESS						
CITY-ST: ZIP.	The Art State of Market State State of the Art State of			6.4 CITY-	ST-	ZIP						

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE PEQUIRIEMES W. MAHONEY
AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(850) 476-7774