

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000000867

1. Entity Name
MARILYN'S LEARNING CENTER, INC. (MLC)



Principal Place of Business
3239 BAHAMA DRIVE
TALLAHASSEE, FL 32311

Mailing Address
3239 BAHAMA DRIVE
TALLAHASSEE, FL 32311

FILED
Jun 28, 2005 8:00 A.M.
Secretary of State



03222005 No Chg-NP

CR2E037 (10/03)

05

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4. FEI Number
59-3715988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, MARILYN
3239 BAHAMA DRIVE
TALLAHASSEE, FL 32311

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
WATSON, MARILYN
3239 BAHAMA DRIVE
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLEMENTS, KATIE
86 ARROW TRACE
HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ALLEN, SHUNTING
3939 CALDWELL DR.
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KILPATRICK, WENDY
922 COCHRAN DR.
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000001351529
05/02/05 8049903 61.25

600057343266
07/12/05--01031--002 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05