

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000867

FILED  
Jan 19, 2007  
Secretary of State

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

## Current Principal Place of Business:

3239 BAHAMA DRIVE  
TALLAHASSEE, FL 32305

## New Principal Place of Business:

## Current Mailing Address:

3239 BAHAMA DRIVE  
TALLAHASSEE, FL 32305

## New Mailing Address:

FEI Number: 59-3715988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, MARILYN  
3239 BAHAMA DRIVE  
TALLAHASSEE, FL 32305 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: WATSON, MARILYN  
Address: 3239 BAHAMA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: PD ( ) Delete  
Name: CLEMENTS, KATIE  
Address: 86 ARROW TRACE  
City-St-Zip: HAVANA, FL 32333

Title: SD ( ) Delete  
Name: ALLEN, SHONTINA  
Address: 3939 CALDWELL DR.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: TD ( ) Delete  
Name: KILPATRICK, WENDY  
Address: 922 COCHRAN DR.  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: WALKER, FAYBRENA  
Address: 1108 TANNER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: PD (X) Change ( ) Addition  
Name: WATSON, MARILYN  
Address: 3239 BAHAMA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: SD (X) Change ( ) Addition  
Name: GAINER, BETTY  
Address: 524 S, CLEVELAND STREET  
City-St-Zip: QUINCY, FL 32351

Title: TD (X) Change ( ) Addition  
Name: RAY, KATRINA  
Address: PO BOX 5345  
City-St-Zip: TALLAHASSEE, FL 32314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARILYN WATSON

PD

01/19/2007

Electronic Signature of Signing Officer or Director

Date