# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 05, 2009**
**Secretary of State**

DOCUMENT# N97000000867

**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: WALKER, FAYBRENA
Address: 1108 TANNER DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition
Name: SCOTT, MARY
Address: 1207 ARIZONA STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DR. MARILYN WATSON PD 03/05/2009

Electronic Signature of Signing Officer or Director — Date