

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000867

**FILED**  
**Mar 01, 2010**  
**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  
**Name:** SCOTT, MARY  
**Address:** 1207 ARIZONA STREET  
**City-St-Zip:** TALLAHASSEE, FL 32304

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARILYN WATSON

PD

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date