

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000867

FILED  
Jan 15, 2012  
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:**

3239 BAHAMA DRIVE  
TALLAHASSEE, FL 32305 UN

**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

01/15/2012

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

\_\_\_\_\_  
Date