

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002887

**Entity Name:** MALONE DEVELOPMENTAL LEARNING CENTER, INC.

**Current Principal Place of Business:**

5942 SONORA DRIVE WEST  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

5942 SONORA DRIVE WEST  
JACKSONVILLE, FL 32244

**FEI Number:** 30-0638987

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MALONE, YVETTE D  
5942 SONORA DRIVE WEST  
JACKSONVILLE, FL 32244 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            YVETTE, MALONE  
Address        5942 SONORA DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32244

Title            VP  
Name            ALAYDI, ADAM  
Address        6610 NORTH MAIN STREET  
City-State-Zip: JACKSONVILLE FL 32208

Title            SEC  
Name            LUCY, KHAMASHTA  
Address        11368 NETTLE BROOK STREET E.  
City-State-Zip: JACKSONVILLE FL 32218

Title            TREA  
Name            POWELL, KHALIL C  
Address        8992 DERRICKSON DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

Title            CHAP  
Name            POWELL, KEVIN C  
Address        6595 SAN JUAN AVENUE APT#64  
City-State-Zip: JACKSONVILLE FL 32210

*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:** YVETTE MALONE

**PRESIDENT**

**01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date