


**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90045 001 \*\*\*245.00

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N0400000931</b><br>1. Entity Name<br><b>INNOVATION CHILD DEVELOPMENT CENTER, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>333 AUSLEY RD<br/>         TALLAHASSEE, FL 32304</b>  |  | Mailing Address<br><b>333 AUSLEY RD<br/>         TALLAHASSEE, FL 32304</b>   |   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   | 4. FEI Number<br><b>20-0597938</b>   |  |
| Zip   |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>HARGRETT, SANDRA L<br/>         305C MABRY ST<br/>         TALLAHASSEE, FL 32303</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE</small>   |  |  |   |  |  |
| <b>Filing Fee is \$81.25<br/>         Due by May 1, 2005</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>         Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D Member</b><br><b>HAMM, MARY</b><br><b>248 MOCASSIN CIRCLE</b><br><b>HAVANA, FL 32333</b>              | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <b>Member</b><br><b>Harris, John</b><br><b>1800 Microsukee Commons Dr. # 020</b><br><b>Tallahassee, FL 32308</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D Member</b><br><b>MCHARDY, REGINA</b><br><b>2103 DARNELL CIR</b><br><b>TALLAHASSEE, FL 32303</b>       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D Member</b><br><b>HOOVER, MELVA MRS.</b><br><b>3029 SHAMROCK SOUTH</b><br><b>TALLAHASSEE, FL 32309</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |  |  |
| SIGNATURE: <i>Melva Hoover</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | Date: <b>1/26/05</b> Daytime Phone #: <b>(850) 575-5580</b> |  |  |

2/

66003377



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-0597938** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

SIGNATURE: *Melva Hoover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/26/05** Daytime Phone #: **(850) 575-5580**