FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED
95 MAR 14 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003282 (0)

1. Corporation Name
INNOVATION CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
333 AUSLEY ROAD TALLAHASSEE FL 32304	333 AUSLEY ROAD TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3252917 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

TOLIVER, J. WILLARD
333 AUSLEY ROAD
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name: TOLIVER, JW
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1821 SAGEWAY DRIVE
84 City: TALLAHASSEE FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: J. WILLARD TOLIVER — FEBRUARY 24, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE T NAME BLOUNT, JAMES STREET ADDRESS P.O. BOX 10348 N/A CITY-ST-ZIP TALLAHASSEE, FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T NAME BROWN, CAROLYN STREET ADDRESS 6619 TIM TAM TRAIL CITY-ST-ZIP TALLAHASSEE, FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T NAME JACKSON, LOUVENIA STREET ADDRESS 651 W. 8TH STREET CITY-ST-ZIP TALLAHASSEE, FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T NAME LEWIS, VERDELL STREET ADDRESS 4200 ELDER COURT CITY-ST-ZIP TALLAHASSEE, FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME JOHNSON, LARRY STREET ADDRESS 3864 MAGELLAN TR CITY-ST-ZIP TALLAHASSEE, FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE S NAME GAVIN, BEVERLY STREET ADDRESS 2812 FARINGDON DRIVE CITY-ST-ZIP TALLAHASSEE, FL	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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3/14/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Verdell Sr Lewis, Pres/Dir — Feb 24, 1995 — 599-3050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE — Daytime Phone #

0027808