

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 04, 2004  
Secretary of State**

DOCUMENT# N03000002642

**Entity Name:** THE INNOVATION COMMUNITY EMPOWERMENT CORPORATION, INC.

**Current Principal Place of Business:**

INNOVATION BAPTIST CHURCH  
333 AUSLEY ROAD  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

INNOVATION BAPTIST CHURCH  
333 AUSLEY ROAD  
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number:** 04-3749227      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HARGRETT, SANDRA  
305C MABRY STREET  
TALLAHASSEE, FL 32304      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: PD      ( ) Delete  
Name: LELAND, JACK P  
Address: 15051 LELAND CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD      ( ) Delete  
Name: PIPKIN, TINA D  
Address: 3146 BLAIRSTONE CT.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD      ( ) Delete  
Name: HARGRETT, SANDRA L  
Address: 305C MABRY STREET  
City-St-Zip: TALLAHASSEE, FL 32304

Title: TD      ( ) Delete  
Name: THURMAN, A. REGINALD L  
Address: 533 TALL TOP DRIVE  
City-St-Zip: TALLAHASSEE, FL 323058389

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA HARGRETT

SD

05/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date