


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90187 046 ****61.25

DOCUMENT # N03000002642

1. Entity Name
THE INNOVATION COMMUNITY EMPOWERMENT CORPORATION, INC.



Principal Place of Business
**INNOVATION BAPTIST CHURCH
 333 AUSLEY ROAD
 TALLAHASSEE, FL 32304**

Mailing Address
**INNOVATION BAPTIST CHURCH
 333 AUSLEY ROAD
 TALLAHASSEE, FL 32304**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03182006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**HARGRETT, SANDRA
~~3050 MADRY STREET~~ *333 Ausley Road*
 TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LELAND, JACK P	
STREET ADDRESS	15051 LELAND CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PIPKIN, TINA D	
STREET ADDRESS	3146 FAIRSTONE CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARGRETT, SANDRA L	
STREET ADDRESS	3050 MADRY STREET <i>333 Ausley Rd</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THURMAN, A. REGINALD L	
STREET ADDRESS	533 TALL TOP DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 323058389	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Julia Johnson</i>	
STREET ADDRESS	<i>2409 Country Club Drive</i>	
CITY-ST-ZIP	<i>Tallahassee FL 32310</i>	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Elder Brent Burton</i>	
STREET ADDRESS	<i>2500 Merchants Row Blvd #73</i>	
CITY-ST-ZIP	<i>Tallahassee FL 32311</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jack Leland* 4-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #