

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 048 ****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
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03112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3749227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARGRETT, SANDRA
333 AUSLEY RD
TALLAHASSEE, FL 32304**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LELAND, JACK P 15051 LELAND CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURTON, BRENT ELDER 2500 MERCHANTS ROW BLVD 73 TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARGRETT, SANDRA L 333 AUSLEY RD TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JULIA 2409 CTRY CLUB DR TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 P. Leland* **3-13-07** **850-574-4148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #