

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003282

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** INNOVATION SCHOOL OF EXCELLENCE, INC.

**Current Principal Place of Business:**

333 AUSLEY ROAD  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

329 AUSLEY ROAD  
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number:** 59-3252917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LELAND, JACK P  
15051 LELAND CIR  
TALLAHASSEE, FL 32308 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: BOD ( ) Delete  
Name: SCOTT, REGINA  
Address: 2087 COMET DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: BOD ( ) Delete  
Name: JONES, DR. SHIRLEY PHD  
Address: 3138 CORRIB DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: BOD ( ) Delete  
Name: THOMAS, CORNELL  
Address: 4437 WESTOVER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: BOD ( ) Delete  
Name: FIELDS, DR. ANIKA PHD  
Address: 3601 WESTMORELAND DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: BOD ( ) Delete  
Name: BUTLER, JEFF DEA.  
Address: 147 MASON DR  
City-St-Zip: HAVANA, FL 32333

**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:

Title: BOD (X) Change ( ) Addition  
Name: MCHARDY, REGINA CHAIR  
Address: 329 AUSLEY ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REGINA MCHARDY

CHAI

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date