

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002642

FILED
May 04, 2004
Secretary of State

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