

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

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

03-20-2007 90012 048 ****61.25

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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**

DO NOT WRITE IN THIS SPACE



03112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

04-3749227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LELAND, JACK P
STREET ADDRESS 15051 LELAND CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE TD
NAME BURTON, BRENT ELDER
STREET ADDRESS 2500 MERCHANTS ROW BLVD 73
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE SD
NAME HARGRETT, SANDRA L
STREET ADDRESS 333 AUSLEY RD
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE VD
NAME JOHNSON, JULIA
STREET ADDRESS 2409 CTRY CLUB DR
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-07

850-574-4148