

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000006966

1. Entity Name

INNOVATIVE COMMUNITIES SERVICES, INC.



Principal Place of Business

4243-D NORTHLAKE BLVD  
PALM BEACH GARDENS FL 33410

Mailing Address

4243-D NORTHLAKE BLVD  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0370990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STALEY, JEFF W  
4243-D NORTHLAKE BLVD  
PALM BEACH GARDENS FL 33410

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

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

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  
NAME STALEY, JEFF W  
STREET ADDRESS 4243-D NORTHLAKE BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE V  
NAME BAROT, DILIP  
STREET ADDRESS 4243-D NORTHLAKE BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE T  
NAME ESFORMES, LEONARD  
STREET ADDRESS 4243-D NORTHLAKE BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ Delete

TITLE S  
NAME KLION, MIKE  
STREET ADDRESS 2417 MORTON AVE.  
CITY-ST-ZIP NORTH LAS VEGAS NV 89032 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

FILED

04 MAY 17 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/3/04 91242 019 \$61.25



MOORE

CR2E037 (11/03)