

FILED
Mar 03, 2005 8:00 am
Secretary of State

02-01-2005 90045 001 ***245.00

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000000930			
1. Entity Name INNOVATION CHRISTIAN ACADEMY OF EXCELLENCE, INC.			
Principal Place of Business 333 AUSLEY RD TALLAHASSEE, FL 32304		Mailing Address 333 AUSLEY RD TALLAHASSEE, FL 32304	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HARGRETT, SANDRA L 305C MABRY ST TALLAHASSEE, FL 32304		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 re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D Member PHILLIPS, JOYA 1676 KAY AVE APT A TALLAHASSEE, FL 32301 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Member HOOKER, MELVA MRS. 3029 SHAMROCK SOUTH TALLAHASSEE, FL 32309 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Member ROBERSON, JANICE MRS. 2100 APALACHEE PARKWAY, APT. 7E TALLAHASSEE, FL 32301 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	D Member Harrington, Raquel 1164 Tambourine Run Tallahassee, FL 32311 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Member Isom, Elizabeth 1505 West Tharpe St. Apt. 213 Tallahassee, FL 32304 ☐ 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: <u>Elizabeth Isom</u>		1-26-05 (850) 575-5580	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 20-0597903 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required