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Secretary of State
02-01-2005 90045 001 ***245.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000931

1. Entity Name
INNOVATION CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business
333 AUSLEY RD
TALLAHASSEE, FL 32304

Mailing Address
333 AUSLEY RD
TALLAHASSEE, FL 32304

66003377

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 20-0597938 ✓ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HARGRETT, SANDRA L
305C MABRY ST
TALLAHASSEE, FL 32303

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 resigning) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D Member ☒ Delete	TITLE	Member ☐ Change ☒ Addition
NAME	HAMM, MARY	NAME	Harris, John
STREET ADDRESS	246 MOCASSIN CIRCLE	STREET ADDRESS	1800 Micosukee Commons Dr. #820
CITY-ST-ZIP	HAVANA, FL 32333	CITY-ST-ZIP	Tallahassee, FL. 32308
TITLE	D Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCHARDY, REGINA	NAME	
STREET ADDRESS	2103 DARNELL CIR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHSSEE, FL 32303	CITY-ST-ZIP	
TITLE	D Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOOKER, MELVA MRS.	NAME	
STREET ADDRESS	3029 SHAMROCK SOUTH	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Melva Hooker 1/26/05 (850) 575-5580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #