



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003195		
1. Entity Name INNOVATIVE PARTNERS COALITION, INC.		

Principal Place of Business 1090 COOK RD LAMONT, FL 32336	Mailing Address 1090 COOK RD LAMONT, FL 32336
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 APR 29 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. Roberts MAY 03 2005

03072005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNHART, BRYON J 1090 COOK RD LAMONT, FL 32336		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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BARNHART, BYRON J 1090 COOK RD LAMONT, FL 32336 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARNHART, BYRON J 1090 COOK RD LAMONT, FL 32336 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO MADRY, SINCLAIR 14 LAMAR ROAD MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAHAM, BRENDA 17 OAK VIEW DRIVE MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LITTLEJOHN, LAURA CFO 630 NORTH WIRICK STREET MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPO ROBERTS, WILLIE J 196 SCOTTSVILLE RD MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bryon J. Barnhart Date April 27, 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR