

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003195

FILED
Apr 28, 2009
Secretary of State

Entity Name: INNOVATIVE PARTNERS COALITION, INC.

Current Principal Place of Business:

1090 COOK RD
LAMONT, FL 32336

New Principal Place of Business:

Current Mailing Address:

1090 COOK RD
LAMONT, FL 32336

New Mailing Address:

FEI Number: 13-4276460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNHART, BRYON J
1090 COOK RD
LAMONT, FL 32336 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNHART, BYRON J CEO
Address: 1090 COOK RD
City-St-Zip: LAMONT, FL 32336

Title: 1VPD () Delete
Name: BROCKMAN, CASSAUNDRA
Address: 166 HICKS ROAD
City-St-Zip: LAMONT, FL 32336

Title: 2VPD () Delete
Name: LITTLE, CLARENCE
Address: 751 EAGLE VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD () Delete
Name: ROBERTS, WILLIE J
Address: 196 SCOTTSVILLE RD
City-St-Zip: LAMONT, FL 32336

Title: TD () Delete
Name: BELLAMY, JANET
Address: 570 N BARBER HILL RD
City-St-Zip: LAMONT, FL 32336

Title: ASD () Delete
Name: BROCKMAN, RHONDA
Address: 85 ALEXANDER ROAD
City-St-Zip: LAMONT, FL 32336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET BELLAMY

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date