

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90200 039 ****61.25

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03122008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-0370028** Applied For ☐ Not Applicable ☐

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

DOCUMENT # N07000010109

1. Entity Name
INNOVATION CHURCH, INC.



Principal Place of Business
**1802 N ALAFAYA TRAIL
ORLANDO, FL 32829**

Mailing Address
**1802 N ALAFAYA TRAIL
ORLANDO, FL 32829**

2. Principal Place of Business - No P.O. Box #
3020 Lamberton Blvd.

3. Mailing Address
4531 Waterside Pointe Cr

Suite, Apt. #, etc.
Suite 112 #30

Suite, Apt. #, etc.
Suite 112 #30

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32825

Country
USA

Zip
32829

Country
USA

6. Name and Address of Current Registered Agent

**BAXTER, DAVID
4531 WATERSIDE POINTE CIRCLE
ORLANDO, FL 32829**

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 *David Baxter* DATE **4-25-08**

Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by **May 1, 2008**

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 NAME STREET ADDRESS CITY - ST - ZIP	D BAXTER, DAVID 4531 WATERSIDE POINTE CIRCL ORLANDO, FL 32829 <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	D BLOSS, BEN PO BOX 620487 ORLANDO, FL 32862 <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	D OTERO, RAUL 1931 STONECREST CT ORLANDO, FL 32825 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *David Baxter* DATE **4-25-08** DAYTIME PHONE # **407.617.7396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR