

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000923

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIONS EDUCATIONAL SERVICES INC

**Current Principal Place of Business:**

35534 CALLA COURT  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

35534 CALLA COURT  
LEESBURG, FL 34788

**New Mailing Address:**

**FEI Number:** 27-2517148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIGHTNER, PATRICIA A  
35534 CALLA COURT  
LEESBURG, FL 34788 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:** PRES  
**Name:** LIGHTNER, PATRICIA A  
**Address:** 35534 CALLA CT  
**City-St-Zip:** LEESBURG, FL 34788

**Title:** VP  
**Name:** WRIGHT, TAMALA  
**Address:** P.O. BOX 616108  
**City-St-Zip:** ORLANDO, FL 32861

**Title:** SEC  
**Name:** ALLEN, KEITH  
**Address:** 881 RICH DRIVE  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** DIR.  
**Name:** ALLEN, DARRYL E  
**Address:** 5768 LAKE MELROSE DR.  
**City-St-Zip:** ORLANDO, FL 32829

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA A. LIGHTNER

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date