


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90036 014 ****61.25

DOCUMENT # N93000005144 1. Entity Name INNOVATION BAPTIST CHURCH, INC.					
Principal Place of Business 333 AUSLEY RD. TALLAHASSEE, FL 32304			Mailing Address 333 AUSLEY RD. TALLAHASSEE, FL 32304		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3229330	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARGRETT, SANDRA 686 MADRY ST APT 6 333 Ausley Road TALLAHASSEE, FL 32304				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, OTIS B		NAME		
STREET ADDRESS	8231 BALMORAL DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323119403		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, CAROLYN		NAME		
STREET ADDRESS	6619 TIM TAM TRIAL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASIFOR-TUOYO, WILLIAM		NAME		
STREET ADDRESS	8669 ALEXANDRITE CT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL-323097692		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOKER, CURTIS		NAME		
STREET ADDRESS	3029 SHAMROCK SOUTH		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, LEONARD		NAME		
STREET ADDRESS	23363 BLUE STAR HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, LILLIE M		NAME		
STREET ADDRESS	31 CHINA BERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL 32333		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: <i>OT Young</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/5/05</i> Daytime Phone #: <i>850-575-5580</i>		

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