

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90187 047 ****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**



04082006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-3229330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARGRETT, SANDRA
~~333 AUSLEY ROAD~~
~~APT C~~ **333 Ausley Road**
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
YOUNG, OTIS B
8231 BALMORAL DR
TALLAHASSEE, FL 323119403**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROWN, CAROLYN
6619 TIM TAM TRIAL
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ASIFOR-TUOYO, WILLIAM
8669 ALEXANDRITE CT
TALLAHASSEE, FL 323097692**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOOKER, CURTIS
3029 SHAMROCK SOUTH
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COLLINS, LEONARD
23363 BLUE STAR HIGHWAY
QUINCY, FL 32351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KELLY, LILLIE M
31 CHINA BERRY LANE
HAVANA, FL 32333**

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IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06 (850) 575-5580