

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
35 MAR 14 AM 9:00  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # **N94000003282 (0)**

1. Corporation Name  
**INNOVATION CHILD DEVELOPMENT CENTER, INC.**

Principal Place of Business Mailing Address  
**333 AUSLEY ROAD TALLAHASSEE FL 32304**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **07/01/1994** 3a. Date of Last Report  
4. FEI Number **59-3252917** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TOLIVER, J. WILLARD**  
**333 AUSLEY ROAD**  
**TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
81 Name **TOLIVER, JW**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1821 SAGEWAY DRIVE**  
84 City **TALLAHASSEE** FL 85 **32304**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **J. WILLARD TOLIVER** *J. Willard Toliver* **FEBRUARY 24, 1995**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
BLOUNT, JAMES P.O. BOX 10348 N/A TALLAHASSEE, FL  
BROWN, CAROLYN 6619 TIM TAM TRAIL TALLAHASSEE, FL  
JACKSON, LOUVENIA 651 W. 8TH STREET TALLAHASSEE, FL  
LEWIS, VERDELL 4200 ELDER COURT TALLAHASSEE, FL  
JOHNSON, LARRY 3864 MAGELLAN TR TALLAHASSEE, FL  
GAVIN, BEVERLY 2812 FARINGDON DRIVE TALLAHASSEE, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **300001431409**  
2.1 TITLE  Change  Addition  
2.2 NAME **03/18/95-01055-012**  
2.3 STREET ADDRESS **\*\*\*122.50** **\*\*\*61.25**  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Verdell Lewis, Sec'y of Admin* **Feb 24, 1995** **579.3050**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR