

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000003282 (0)**

1. Corporation Name

**INNOVATION CHILD DEVELOPMENT CENTER, INC.**



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

3. Date Incorporated or Qualified: **07/01/1994**  
3a. Date of Last Report: **03/14/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**TOLIVER, J. WILLARD  
1821 SAGEWAY DRIVE  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **5/28/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>BLOUNT, JAMES</b>
STREET ADDRESS	<b>P.O. BOX 10348 N/A</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BROWN, CAROLYN</b>
STREET ADDRESS	<b>6619 TIM TAM TRAIL</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, LOUVENIA</b>
STREET ADDRESS	<b>651 W. 8TH STREET</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, VERDELL</b>
STREET ADDRESS	<b>4200 ELDER COURT</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, LARRY</b>
STREET ADDRESS	<b>3864 MAGELLAN TR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>GAVIN, BEVERLY</b>
STREET ADDRESS	<b>2812 FARINGDON DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>800001869238</b>
5.3 STREET ADDRESS	<b>-06/20/96--01029--053</b>
5.4 CITY-ST-ZIP	<b>***122.50</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **5-1-96** DAYTIME PHONE: **599-3250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (12/95)