

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

• 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TOLIVER, J. WILLARD
1821 SAGEWAY DRIVE
TALLAHASSEE FL 32303

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

10. Name and Address of New Registered Agent

81 Name

VERDELL G. LEWIS

82 Street Address (P.O. Box Number is Not Acceptable)

4200 Elder Court

83

84 City

Tallahassee

FL

85 Zip Code

32303

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 Verdell G. Lewis, Director of Administration

August 12, 1996

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

BLOUNT, JAMES
P.O. BOX 10348 N/A
TALLAHASSEE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

BROWN, CAROLYN
6619 TIM TAM TRAIL
TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

JACKSON, LOUVENIA
651 W. 8TH STREET
TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

LEWIS, VERDELL
4200 ELDER COURT
TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

JOHNSON, LARRY
3864 MAGELLAN TR.
TALLAHASSEE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

GAVIN, BEVERLY
2812 FARINGDON DRIVE
TALLAHASSEE FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Major Garvin

1.2 NAME

3943 Magellan Trail

1.3 STREET ADDRESS

Tallahassee, Florida 32303

1.4 CITY - ST - ZIP

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

500001942025

-09/09/96--01021--023

****122.50 *****61.25

☐ Change

☐ Addition

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Ira V. Gates

1597 Misty Garden Wy

Tallahassee, Florida 32303

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

A. Alan 8-9-96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002518

CR2E037 (3/96)