

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON 06 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

AMENDED ANNUAL REPORT
 06 SEP 1996 10:12

DOCUMENT # N94000003282 (0)

1. Corporation Name

INNOVATION CHILD DEVELOPMENT CENTER, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

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: 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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Major Garvin	3943 Magellan Trail	Tallahassee, Florida 32303	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		500001942025	-09/09/96--01021--023	
		****122.50	*****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Ira V. Gates	1597 Misty Garden Wy	Tallahassee, Florida 32303	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Verdell G. Lewis August 12, 1996 Date 599-3000 Daytime Phone #

CR2E037 (3/96)