


FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 32304-3911		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/01/1994 3a. Date of Last Report 06/19/1996	
4. FEI Number 59-3252917		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent LEWIS, VERDELL G 4200 ELDER COURT 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	T	<input type="checkbox"/> DELETE			
NAME	GARVIN, MAJOR				
STREET ADDRESS	3943 MAGELLAN TRAIL				
CITY-ST-ZIP	TALLAHASSEE FL 32303				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	BROWN, CAROLYN				
STREET ADDRESS	6619 TIM TAM TRAIL				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	JACKSON, LOUVENIA				
STREET ADDRESS	651 W. 8TH STREET				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	LEWIS, VERDELL				
STREET ADDRESS	4200 ELDER COURT				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	GATES, IRA V				
STREET ADDRESS	1597 MISTY GARDEN WAY				
CITY-ST-ZIP	TALLAHASSEE FL 32303				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	GAVIN, BEVERLY				
STREET ADDRESS	2812 FARINGDON DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL				
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					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Verdell G. Lewis</i> 5-1-97 599,300					

CR2E037 (9/96)