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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/01/1994 | | 3a. Date of Last Report 06/19/1996 | |
| 21 | Suite, Apt #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3252917 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 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 | | | | 10. Name and Address of New Registered Agent | | | |
| LEWIS, VERDELL G 4200 ELDER COURT TALLAHASSEE FL 32303 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | T <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARVIN, MAJOR | 1.2 NAME | |
| STREET ADDRESS | 3943 MAGELLAN TRAIL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | 1.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, CAROLYN | 2.2 NAME | |
| STREET ADDRESS | 6619 TIM TAM TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, LOUVENIA | 3.2 NAME | |
| STREET ADDRESS | 651 W. 8TH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, VERDELL | 4.2 NAME | |
| STREET ADDRESS | 4200 ELDER COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GATES, IRA V | 5.2 NAME | |
| STREET ADDRESS | 1597 MISTY GARDEN WAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAVIN, BEVERLY | 6.2 NAME | |
| STREET ADDRESS | 2812 FARINGDON DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 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: *Verdell G. Lewis* Date: *5/1/97* Filing Fee: *599.300*

CR2E037 (9/96)