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FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

333 AUSLEY ROAD
TALLAHASSEE FL 32304

333 AUSLEY ROAD
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified

07/01/1994

4. FEI Number

59-3252917

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME GARVIN, MAJOR
STREET ADDRESS 3943 MAGELLAN TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME T Young, Otis B.
1.3 STREET ADDRESS 457 White Drive - Apt. A-12
1.4 CITY-ST-ZIP Tallahassee, Florida 32304

TITLE ☐ DELETE
NAME BROWN, CAROLYN
STREET ADDRESS 6619 TIM TAM TRAIL
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME JACKSON, LOUVENIA
STREET ADDRESS 651 W. 8TH STREET
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME LEWIS, VERDELL
STREET ADDRESS 4200 ELDER COURT
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME GATES, IRA V
STREET ADDRESS 1597 MISTY GARDEN WAY
CITY-ST-ZIP TALLAHASSEE FL 32303

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME T Carrington, Mervin
5.3 STREET ADDRESS 2151 Lake Brook Drive
5.4 CITY-ST-ZIP Tallahassee, Florida 32303

TITLE ☐ DELETE
NAME GAVIN, BEVERLY
STREET ADDRESS 2812 FARINGDON DRIVE
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

5/14/98

59-3252917

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