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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003282

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
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104581 90112 39 1 *



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3252917
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **Rgina McHardy**

82 Street Address (P.O. Box Number is Not Acceptable)
309-B Mabry Street

83

84 City **Tallahassee** FL 85 Zip Code **32304**

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 *Rgina McHardy* Church Business Admin. DATE **1-11-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	YOUNG, OTIS B	
STREET ADDRESS	457 WHITE DRIVE #A-12	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, CAROLYN	
STREET ADDRESS	6619 TIM TAM TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, LOUVENIA	
STREET ADDRESS	651 W. 8TH STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, VERDELL	
STREET ADDRESS	4200 ELDER COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARRINGTON, MERVIN	
STREET ADDRESS	2151 LAKE BROOK DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input checked="" 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 checked="" type="checkbox"/> Addition
1.2 NAME	Danny Ross	
1.3 STREET ADDRESS	426 Ausley Rd.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32304	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Melva Hooker	
2.3 STREET ADDRESS	3029 Shamrock South	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michelle Benjamin	
3.3 STREET ADDRESS	1535-8 McCaskill Ave.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32310	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Billy Redding	
4.3 STREET ADDRESS	323 South Tatton	
4.4 CITY-ST-ZIP	Quincy, FL 32351	
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 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, with all other like empowered.

SIGNATURE: *OTIS B YOUNG* **SIGNATURE REQUIRED** DATE: **1-11-99** DAYTIME PHONE #: **575-5580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)