

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90017 008 ****61.25

DOCUMENT # N94000003282

1. Entity Name

INNOVATION CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

333 AUSLEY ROAD
 TALLAHASSEE FL 32304

333 AUSLEY ROAD
 TALLAHASSEE FL 32304-3911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3252917

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC HARDY, REGINA
 309 B MABRY ST
 TALLAHASSEE FL 32304

Name **Jack P. Leland**

Street Address (P.O. Box Number is Not Acceptable)
15051 Leland Circle

City **Tallahassee**

FL

Zip Code
32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Jack P. Leland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
T Board Member
 NAME **ROSS, DANNY**
 STREET ADDRESS **428 AUSLEY RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE Change Addition
Chairperson
 NAME **Carolyn Brown**
 STREET ADDRESS **6619 Tim Tam Trail**
 CITY-ST-ZIP **Tallahassee, FL 32300**

TITLE Delete
T Board Member
 NAME **HOOKER, MELVA**
 STREET ADDRESS **3029 SHAMROCK S**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
Board Member
 NAME **Michelle Young**
 STREET ADDRESS **8231 Balmoral Drive**
 CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE Delete
T Board Member
 NAME **BENJAMIN, MICHELLE**
 STREET ADDRESS **1535-8 MCCASKILL AVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition
Board Member
 NAME **Regina McHardy**
 STREET ADDRESS **309-B Marbry Street**
 CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE Delete
T Board Member
 NAME **REDDING, BILLY**
 STREET ADDRESS **323 S PATTON**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

Daytime Phone #

CR2E037 (9/99)