

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90045 001 \*\*\*245.00

**DOCUMENT # N94000003282**

1. Entity Name  
**INNOVATION SCHOOLS OF EXCELLENCE, INC.**



Principal Place of Business  
**333 AUSLEY ROAD**  
**TALLAHASSEE, FL 32304**

Mailing Address  
**333 AUSLEY ROAD**  
**TALLAHASSEE, FL 32304**

**66000707**



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3252917</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LELAND, JACK P**  
**15051 LELAND CIR**  
**TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	HAMM, MARY WALKER
STREET ADDRESS	1725 HOLTON ST
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	M
NAME	YOUNG, MICHELLE
STREET ADDRESS	8231 BALMORAL DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	T
NAME	HOOVER, MELVA
STREET ADDRESS	3029 SHAMROCK ST S
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	T
NAME	PHILLIPS, JOYA
STREET ADDRESS	1676 KAY AVENUE A
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	T
NAME	BROWN, CAROLYN
STREET ADDRESS	6619 TIM TAM TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	T
NAME	MCHARDY, REGINA
STREET ADDRESS	309-B MARRBRY STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32304

**DO NOT WRITE IN THIS SPACE**

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: Melva Hoover  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 (850) 575-5580  
 Date Daytime Phone #