

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003282

FILED  
Jul 11, 2007  
Secretary of State

Entity Name: INNOVATION SCHOOL OF EXCELLENCE, INC.

**Current Principal Place of Business:**

333 AUSLEY ROAD  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

333 AUSLEY ROAD  
TALLAHASSEE, FL 32304

**New Mailing Address:**

329 AUSLEY ROAD  
TALLAHASSEE, FL 32304

FEI Number: 59-3252917      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: BOD      ( ) Delete  
Name: COLLINS, MARGARET  
Address: 23363 BLUE STAR HWY  
City-St-Zip: QUINCY, FL 32351

Title: BOD      ( ) Delete  
Name: JONES, DR. SHIRLEY PHD  
Address: 3138 CORRIB DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: BOD      ( ) Delete  
Name: ASIFO-TOUYO, LORIE  
Address: 8669 ALEXANDRITE CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: BOD      ( ) Delete  
Name: FIELDS, DR. ANIKA PHD  
Address: 3601 WESTMORELAND DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: BOD      ( ) Delete  
Name: BUTLER, JEFF DEA.  
Address: 147 MASON DR  
City-St-Zip: HAVANA, FL 32333

Title: BOD      (X) Delete  
Name: PATTERSON, JONATHON L III  
Address: 1700 N MONROE ST STE 11  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINA MCHARDY

CHR

07/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date