


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90848 019 ****61.25

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3252917** Applied For
Not Applicable

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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Jack P. Leland* DATE **1-9-03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, MARY	
STREET ADDRESS	1725 HOLTEN ST	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	M	<input type="checkbox"/> Delete
NAME	YOUNG, MICHELLE	
STREET ADDRESS	8231 BALMORAL DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOOVER, MELVA	
STREET ADDRESS	3029 SHAMROCK ST S	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	T	<input type="checkbox"/> Delete
NAME	REDDING, BILLY	
STREET ADDRESS	323 S PATTON	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, CAROLYN	
STREET ADDRESS	6619 TIM TAM TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCHARDY, REGINA	
STREET ADDRESS	309-B MARRBRY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hamm, Mary Walker	
STREET ADDRESS	1725 Holton St	
CITY-ST-ZIP	Tallahassee, FL. 32310	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Dhis	
STREET ADDRESS	8231 Balmoral Dr.	
CITY-ST-ZIP	Tallahassee, FL. 32310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *SIGNATURE REQUIRED* DATE: **1-9-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)