

## INNOVATIVE COMMUNICATIONS OF CENTRAL FLORIDA, IN

Jun 21, 2000 8:00 am  
Secretary of State

03-20-2000 90137 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

206 17TH AVE. N.E.  
ST. PETERSBURG FL 33704206 17TH AVE. N.E.  
ST. PETERSBURG FL 33704-3501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59 3602074

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

JENKINS, PAMELA  
206 17TH AVE. N.E.  
ST. PETERSBURG FL 33704

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change☒ AdditionTITLE  
NAME  
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NAME  
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CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 16 '2000

CR2E037 (9/99)

***Innovative Communication of Central Florida, Inc.*****BOARD OF DIRECTORS**

Gail Van Tatenhove - D/VP  
8322 Tangelo Tree Drive  
Orlando, FL 32819-5437  
PH# 407-876-3423

Sara Brothers - D  
183 Ronnie Drive  
Altamonte Springs, FL 32714  
PH# 407-788-3340

Margaret Decker - D  
300 17th Ave. N.E.  
St. Petersburg, FL 33704  
PH # 727-821-3707

Pamela Jenkins -D/P  
206 17 th Ave. N.E.  
St. Petersburg, FL. 33704

Sharon Clayton Keller - D  
932 4th St. N.  
St. Petersburg, FL. 33701  
PH# 727-823-7230

Patricia Mitchell - D/S  
545 26th Ave. N.  
St. Petersburg, FL 33704  
PH# 727-822-4128

Lea Newman - D  
5145 21st Ave. N.  
St. Petersburg, FL 33710  
PH# 727-328-1218

Sam Newman - D  
5145 21st Ave. N.  
St. Petersburg, FL 33710  
PH# 727-328-1218

Cathy Ehlers - D  
13339 93rd Ave. N.  
Seminole, FL 33776  
PH# 727-399-2719