

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000923

**Entity Name:** INNOVATIONS EDUCATIONAL SERVICES INC**Current Principal Place of Business:**2768 NORTH HIAWASSEE RD  
ORLANDO, FL 32818**Current Mailing Address:**2768 N. HIAWASSEE ROAD  
ORLANDO, FL 32818 US**FEI Number:** 27-2517148**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIGHTNER, PATRICIA A  
35534 CALLA COURT  
LEESBURG, FL 34788 US*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:** DR. PATRICIA A. LIGHTNER

04/28/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRINCIPAL AGENT  
Name LIGHTNER, PATRICIA A  
Address 35534 CALLA CT  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name WRIGHT, TAMALA  
Address P.O. BOX 616108  
City-State-Zip: ORLANDO FL 32861

Title DIRECTOR  
Name KRAMOSKI, MICHELLE  
Address 61 ROYAL DRIVE  
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR  
Name COMER, JOHN W  
Address 541 BLANCHE AVE  
City-State-Zip: UMATILLA FL 32784

Title DIRECTOR  
Name LACEY, EDWARD  
Address 1509 NW 4TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title DIRECTOR  
Name ARCHAMBAULT, THOMAS  
Address 14790 E. LEVY ST.  
City-State-Zip: WILLISTON FL 32696

*I hereby 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 all other like empowered.*

**SIGNATURE:** DR. PATRICIA A LIGHTNER**EXECUTIVE DIRECTOR**

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date