

2022 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

02/23/2022

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 REGINO, DENICE
Address 93 ORCHARD LANE
City-State-Zip: HOLLISTON MA 01746

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: PATRICIA LIGHTNER**REGISTERED AGENT**

02/23/2022

Electronic Signature of Signing Officer/Director Detail

Date