

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004602

FILED
Feb 07, 2004
Secretary of State**Entity Name:** COGIC DEVELOPMENT CHILDCARE CENTER, INC.**Current Principal Place of Business:**6414 N. 30TH ST.
TAMPA, FL 33610**New Principal Place of Business:****Current Mailing Address:**PO BOX 11532
TAMPA, FL 33680**New Mailing Address:****FEI Number:** 59-1811181**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DAVIS, CHARLES
8102 JAD DR.
TAMPA, FL 33619 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: DP () Delete
Name: DAVIS, CHARLES
Address: 8102 JAD DR.
City-St-Zip: TAMPA, FL 33619

Title: DV () Delete
Name: GYDEN, CLARENCE
Address: 4804 E. HANNA AVE.
City-St-Zip: TAMPA, FL 33610

Title: DT () Delete
Name: YORK, MARLENE
Address: 2113 WEST NASSAU
City-St-Zip: TAMPA, FL 33607

Title: DV () Delete
Name: MCCULLOUGH, WILLIAM
Address: 3201 EAST HANNA
City-St-Zip: TAMPA, FL 33610

Title: DS () Delete
Name: GREEN, DARLENE
Address: 5709 CHARLES DR.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: WILLIAMS, GREGORY
Address: 3117 BENT CREEK DR.
City-St-Zip: VALRICO, FL 33594

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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: MARC S. BREWINGTON

D

02/07/2004

Electronic Signature of Signing Officer or Director

Date