

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004602

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** COGIC DEVELOPMENT CHILDCARE CENTER, INC.

**Current Principal Place of Business:**

1002 E. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33603

**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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 exemption stated in Chapter 119, 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

04/17/2009

Electronic Signature of Signing Officer or Director

Date