

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004602

FILED
Feb 09, 2012
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
Name: DAVIS, CHARLES
Address: 8102 JAD DR.
City-St-Zip: TAMPA, FL 33619

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

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

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

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

Title: D
Name: WILLIAMS, GREGORY
Address: 102 BARRINGTON DRIVE
City-St-Zip: BRANDON, FL 33511

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: MARC S. BREWINGTON

D

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date