

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001778

Entity Name: COLOMBIA CHILDCARE INTERNATIONAL, INCORPORATED**Current Principal Place of Business:**C/O CALVARY ASSEMBLY
1199 CLAY STREET
WINTER PARK, FL 32789**Current Mailing Address:**C/O CALVARY ASSEMBLY
1199 CLAY STREET
WINTER PARK, FL 32789**FEI Number: 16-1630704****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COOPER, CHARLES L
345 E LAKE AVE
LONGWOOD, FL 32750 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name TAYLOR, DAVID REV
Address C/O CALVARY ASSEMBLY
1199 CLAY STREET
City-State-Zip: WINTER PARK FL 32789

Title D
Name COOPER, CHARLES L
Address 345 E. LAKE AVE.
City-State-Zip: LONGWOOD FL 32750

Title D
Name CHERYL, COPE
Address 1297 BLESSING ST.
City-State-Zip: MAITLAND FL 32751-4260

Title DIRECTOR
Name BELOSO, BEATRIZ
Address 9438 BECKER CT.
City-State-Zip: ORLANDO FL 32827

Title D
Name BELOSO, ISMAEL A DR.
Address 9438 BECKER CT.
City-State-Zip: ORLANDO FL 32827

Title VPD
Name SCONNELY, CARL MR
Address 400 ALTON ROAD APT. 803
City-State-Zip: MIAMI BEACH FL 33139-6736

Title DIRECTOR
Name SELVAGE, PAUL
Address 721 38TH. STREET
City-State-Zip: DOWNERS GROVE IL 60515

Title DIRECTOR
Name COUCH, MARVIN
Address 1705 VAN ARSDALE ST.
City-State-Zip: OVIEDO FL 32765-7723

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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: CHARLES L COOPER**DIRECTOR/TREASURER****01/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COUCH, ALEX RAY
Address 3634 PERIWINKLE DR.
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name ZAMORA, ANDERSON
Address 514 HARBOR WINDS CT.
City-State-Zip: WINTER SPRINGS FL 32708