

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004602

**Entity Name:** COGIC DEVELOPMENT CHILDCARE CENTER, INC.**Current Principal Place of Business:**1002 E. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33603**Current Mailing Address:**PO BOX 11532  
TAMPA, FL 33680**FEI Number:** 59-1811181**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAVIS, CHARLES  
8102 JAD DR.  
TAMPA, FL 33619 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	CEO	Title	DV
Name	DAVIS, CHARLES	Name	GYDEN, CLARENCE
Address	8102 JAD DR.	Address	4804 E. HANNA AVE.
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33610
Title	TREASURER	Title	SECRETARY
Name	YORK-MONROE, MARLENE	Name	GREEN, DARLENE
Address	2113 WEST NASSAU	Address	5709 CHARLES DR.
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33619

*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:** MARLENE YORK-MONROE**TREASURER****01/24/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date