

2014 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
Name DAVIS, CHARLES
Address 8102 JAD DR.
City-State-Zip: TAMPA FL 33619

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

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

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

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

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

Title PRESIDENT
Name BREWINGTON, MARC S
Address 1501 LIONS CLUB DRIVE
City-State-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**PRESIDENT****03/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date