

**2016 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 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 BREWINGTON****PRESIDENT****02/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date