

2015 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 S BREWINGTON**PRESIDENT****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date