

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 AUG 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # N07000006499 | |  | |
| 1. Entity Name T COG CHRISTIAN ACADEMY OF HOPE, INC. | | | |
| Principal Place of Business 26 MCARTHUR STREET QUINCY, FL 32351 | | Mailing Address 26 MCARTHUR STREET QUINCY, FL 32351 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| THOMAS, LAVERNE 1510 HARDIN ST QUINCY, FL 32351 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | A THOMAS, LAVERNE 1510 HARDIN ST QUINCY, FL 32351 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200135285162 09/03/08--01013--018 <input type="checkbox"/> Change <input type="checkbox"/> Addition **70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C ADEDEJI, KIMBERLY C 19 SUGARPLUM LANE HAVANA, FL 32333 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O ALEXANDER, LASSANDRA 161 KNIGHT RD MIDWAY, FL 32343 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROBINSON, DEANN 845 RANCH RD QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Smelissa Andrews <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 745 Uptain Rd. Quincy, Fl. 32351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>Laverne Thomas</u> | | Date: <u>8-27-2008</u> Daytime Phone #: <u>627-8066</u> | |

KS