


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N07000006499</b>		
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
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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



08272008 Chg-NP CR2E037 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	A	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, LAVERNE			NAME			
STREET ADDRESS	1510 HARDIN ST			STREET ADDRESS			
CITY - ST - ZIP	QUINCY, FL 32351			CITY - ST - ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADEDEJI, KIMBERLY C			NAME			
STREET ADDRESS	19 SUGARPLUM LANE			STREET ADDRESS			
CITY - ST - ZIP	HAVANA, FL 32333			CITY - ST - ZIP			
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, LASSANDRA			NAME			
STREET ADDRESS	161 KNIGHT RD			STREET ADDRESS			
CITY - ST - ZIP	MIDWAY, FL 32343			CITY - ST - ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Smelissa Andrews	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, DEANN			NAME	745 Uptain Rd.		
STREET ADDRESS	845 RANCH RD			STREET ADDRESS	Quincy, FL 32351		
CITY - ST - ZIP	QUINCY, FL 32351			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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.

<b>SIGNATURE:</b> <u>Laverne Thomas</u>	<b>627-8066</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>8-27-2008</u> Daytime Phone #

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA