

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006499

FILED
Apr 26, 2009
Secretary of State

Entity Name: T COG CHRISTIAN ACADEMY OF HOPE, INC.

Current Principal Place of Business:

26 MCARTHUR STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

26 MCARTHUR STREET
QUINCY, FL 32351

New Mailing Address:

405A EAST JEFFERSON STREET
QUINCY, FL 32351

FEI Number: 02-0810533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, LAVERNE
1510 HARDIN ST
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: A () Delete
Name: THOMAS, LAVERNE
Address: 1510 HARDIN ST
City-St-Zip: QUINCY, FL 32351

Title: C () Delete
Name: ADEDEJI, KIMBERLY C
Address: 19 SUGARPLUM LANE
City-St-Zip: HAVANA, FL 32333

Title: O () Delete
Name: ALEXANDER, LASSANDRA
Address: 161 KNIGHT RD
City-St-Zip: MIDWAY, FL 32343

Title: S () Delete
Name: ANDREWS, MELISSA
Address: 745 UPTAIN RD.
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: CONYERS, KIMBERLY L
Address: 19 SUGAR PLUM LANE
City-St-Zip: HAVANA, FL 32333

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY L CONYERS

C

04/26/2009

Electronic Signature of Signing Officer or Director

Date