

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90005 038 ****61.25

DOCUMENT # N38904

1. Entity Name

COTTAGE EDUCATION CORP.



Principal Place of Business

15034 OLD US HWY 441
TAVERES FL 32778
US

Mailing Address

P.O. BOX 778
MT. DORA FL 32757
US

2. Principal Place of Business

32453 LAKESHORE DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

TAVARES FL.

Zip
32778

Country
LAKE

4. FEI Number

59-3025518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

M. F. BAKI
32453 LAKESHORE DR.
TAVARE FL 32778

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BAKI, MEHMET FATIN
STREET ADDRESS 32453 LAKESHORE DR
CITY-ST-ZIP TAVARES FL ☐ Delete

TITLE DT
NAME BROMBERG, ANDREW G.
STREET ADDRESS P.O. BOX 131 N/A
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE DS
NAME BONOSKY, ALBERT
STREET ADDRESS 1105 ST LAWRENCE DRIVE
CITY-ST-ZIP GRAND ISLAND FL 32735 ☐ Delete

TITLE DS
NAME KECK, LELAND
STREET ADDRESS 510 W SEMINOLE AVE
CITY-ST-ZIP EUSTIS FL 32726 ☒ Delete **DIED**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/04 (352) 343 7444