

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N38904	
1. Entity Name COTTAGE EDUCATION CORP.	

Principal Place of Business 32453 LAKESHORE DRIVE SUITE 1 TAVERES FL 32778 US	Mailing Address P.O. BOX 778 MT. DORA FL 32757 US
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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

1st MOORE	CR2E037 (10/07)
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
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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 _____

Signature typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature is not required when filing this statement.)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKI, MEHMET FATIN 32453 LAKESHORE DR TAVARES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000913153 05/08/08-80004-022 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROMBERG, ANDREW G. P.O. BOX 131 N/A MOUNT DORA FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BONOSKY, ALBERT 1105 ST LAWRENCE DRIVE GRAND ISLAND FL 32735 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Section 119, Florida Statutes. I further certify that the information included 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 registered 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, without other like empowered.

SIGNATURE *M. F. Baki* **MEHMET F. BAKI** **4/18/2008**