2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2005
Secretary of State

DOCUMENT# N99000004602

Entity Name: COGIC DEVELOPMENT CHILDCARE CENTER, INC.

Current Principal Place of Business:

6414 N. 30TH ST.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 11532
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-1811181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, CHARLES
8102 JAD DR.
TAMPA, FL 33619 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:	DP	( ) Delete
Name:	DAVIS, CHARLES	
Address:	8102 JAD DR.	
City-St-Zip:	TAMPA, FL 33619	
Title:	DV	( ) Delete
Name:	GYDEN, CLARENCE	
Address:	4804 E. HANNA AVE.	
City-St-Zip:	TAMPA, FL 33610	
Title:	DT	( ) Delete
Name:	YORK, MARLENE	
Address:	2113 WEST NASSAU	
City-St-Zip:	TAMPA, FL 33607	
Title:	DV	( ) Delete
Name:	MCCULLOUGH, WILLIAM	
Address:	3201 EAST HANNA	
City-St-Zip:	TAMPA, FL 33610	
Title:	DS	( ) Delete
Name:	GREEN, DARLENE	
Address:	5709 CHARLES DR.	
City-St-Zip:	TAMPA, FL 33619	
Title:	D	( ) Delete
Name:	WILLIAMS, GREGORY	
Address:	3117 BENT CREEK DR.	
City-St-Zip:	VALRICO, FL 33594	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: CHARLES DAVIS DP 03/06/2005
Electronic Signature of Signing Officer or Director — Date