

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000037

FILED
Feb 07, 2005
Secretary of State

Entity Name: UNIVERSIDAD CRISTIANA LOGOS, INC

Current Principal Place of Business:

8159 ARLINGTON EXPRESSWAY
SUITE 29
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

8159 ARLINGTON EXPRESSWAY
SUITE 29
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 71-0962979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAVIS, CHARLES
11152 OAK RIDGE DR. SO.
JACKSONVILLE, FL 32225 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: P () Delete
Name: TRAVIS, CHARLES T DR.
Address: 11152 OAK RIDGE DR. SO.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: SANCHEZ, EDWIN R
Address: 8159 ARLINGTON EXPRESSWAY, STE 29
City-St-Zip: JACKSONVILLE, FL 32211

Title: S/T () Delete
Name: TRAVIS, DEBORAH A
Address: 11152 OAK RIDGE DR. SO.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: TRAVIS, CHARLES T DR.
Address: 11152 OAK RIDGE DR. SO.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP/D (X) Change () Addition
Name: SANCHEZ, EDWIN R
Address: 1851 OAK WATER DR.
City-St-Zip: JACKSONVILLE, FL 32225

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: EDWIN ROBERTO SANCHEZ

VP

02/07/2005

Electronic Signature of Signing Officer or Director

_____ Date