

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000037

FILED
Feb 06, 2009
Secretary of State

Entity Name: UNIVERSIDAD CRISTIANA LOGOS, INC

Current Principal Place of Business:

9000 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

1603 MINERVA AVE.
JACKSONVILLE, FL 32207

Current Mailing Address:

9000 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32211

New Mailing Address:

1603 MINERVA AVE.
JACKSONVILLE, FL 32207

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

Title: VP/D () Delete
Name: SANCHEZ, EDWIN R
Address: 1642 BOULDER ST
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: OF. () Delete
Name: CHAVEZ, RAUL DR.
Address: 6953 CLOVIS RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: OF. () Delete
Name: ZACARIAS, MARCO DR.
Address: 3463 MIDDLEBURY AVE.
City-St-Zip: LAS VEGAS, NV 89121

Title: OF. () Delete
Name: VALDES, JUAN PASTOR
Address: 3231 NW 16TH STREET
City-St-Zip: MIAMI, FL 33125

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: OF. (X) Change () Addition
Name: GARZA, RAUL F DR.
Address: 2423 SPUR
City-St-Zip: SAN ANTONIO, TX 78227

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: EDWIN ROBERTO SANCHEZ

VP

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date