2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010005

FILED May 22, 2007 Secretary of State

Entity Name: LOGOS MINISTRIES OF ASSEMBLY OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business:

158 WHITE CAP WAY

PANAMA CITY BEACH, FL 32407 PANAMA CITY, FL 32401

Current Mailing Address: New Mailing Address:

P O BOX 19018

PANAMA CITY BEACH, FL 32417

FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION 1261 W SAMPLE RD POMPANO BEACH, FL 33064

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:

Date

Electronic Signature of Registered Agent

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete OLIVEIRA, PR. OBED F OLIVEIRA, PR. OBED F Name: Name: 158 WHITE CAP WAY Address: 8013 ROYAL HUNT DR Address:

City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VPD () Delete Title: (X) Change () Addition

DINIZ, MARCOS Name: DINIZ, MARCOS Name: Address: 113 SEAGRASS WAY Address: 403 CAPE COD DR City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: () Delete Title: (X) Change () Addition

SAMPAIO, AILTON SAMPAIO, AILTON Name: Name: 3602 BAY TREE RD 1505 NEW HAMPSHIRE AVE Address: Address:

City-St-Zip: LYNN HAVEN, FL 324445655 City-St-Zip: LYNN HAVEN, FL 324445655

Title: TD () Delete Title: (X) Change () Addition

Name: SAMPAIO, ROSANGELA Name: SAMPAIO, ROSANGELA 1505 NEW HAMPSHIRE AVE Address: 3602 BAY TREE RD Address: City-St-Zip: LYNN HAVEN, FL 324445655 City-St-Zip: LYNN HAVEN, FL 324445655

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: AILTON SAMPAIO SD 05/22/2007