

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010005

FILED
Jan 15, 2008
Secretary of State

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

Current Principal Place of Business:

2801 W 14ST
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P O BOX 19018
PANAMA CITY BEACH, FL 32417

New Mailing Address:

FEI Number: 20-5597484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 W SAMPLE RD
POMPANO BEACH, FL 33064 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: PD () Delete
Name: OLIVEIRA, PR. OBED F
Address: 8013 ROYAL HUNT DR
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VPD () Delete
Name: DINIZ, MARCOS
Address: 403 CAPE COD DR
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: SD () Delete
Name: SAMPAIO, AILTON
Address: 1505 NEW HAMPSHIRE AVE
City-St-Zip: LYNN HAVEN, FL 324445655

Title: TD () Delete
Name: SAMPAIO, ROSANGELA
Address: 1505 NEW HAMPSHIRE AVE
City-St-Zip: LYNN HAVEN, FL 324445655

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:

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: OBED F. OLIVEIRA

PD

01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date