

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005296

1. Entity Name
LOGOS MINISTRIES, INC.



Principal Place of Business
1400 VILLAGE SQUARE BLVD., #3
TALLAHASSEE, FL 32312

Mailing Address
1400 VILLAGE SQUARE BLVD., #3
TALLAHASSEE, FL 32312



09022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3739692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, JAMES T
1282 TIMBERLANE RD.
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME COX, JAMES
STREET ADDRESS 3205 BROOKFOREST DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME ENGLISH, GREG
STREET ADDRESS 6672 KINGMAN TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D
NAME KENNETT, GREG
STREET ADDRESS 9934 WADESBORO
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000171546
09/03/04-80001-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Cox

9/2/04 850-386-4886

Date

Daytime Phone #