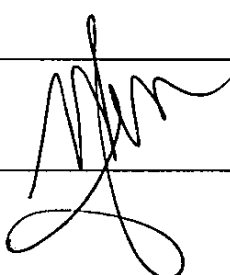
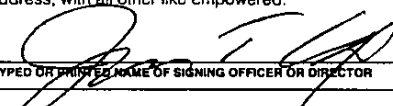


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |                     |  |                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N01000005296</b><br>1. Entity Name<br><b>LOGOS MINISTRIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                     |  |                                                         |                                                                                                                                                                                                             | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">05 SEP 16 PM 3:56</div> <div style="font-size: 0.8em;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div> |  |
| Principal Place of Business<br><b>1400 VILLAGE SQUARE BLVD., #3<br/>TALLAHASSEE, FL 32312</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                     |  | Mailing Address<br><b>1400 VILLAGE SQUARE BLVD., #3<br/>TALLAHASSEE, FL 32312</b>                                                        |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               | 3. Mailing Address  |  |                                                        |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | Suite, Apt. #, etc. |  |                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               | City & State        |  |                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | Country             |  |                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| 4. FEI Number<br><b>59-3739692</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                     |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                     |  | <b>\$8.75</b> Additional Fee Required                                                                                                    |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |                     |  | 7. Name and Address of New Registered Agent                                                                                              |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| <b>COX, JAMES T<br/>1282 TIMBERLANE RD.<br/>TALLAHASSEE, FL 32312</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> |                                                                                                                               |                     |  |                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| <b>Filing Fee is \$61.25<br/>Due by October 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                     |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                                         |                                                                                                                                                                                                             | <b>\$5.00</b> May Be Added to Fees                                                                                                                                                                                                            |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                     |  |                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                    |                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                     | <b>D</b><br><b>COX, JAMES</b><br><b>3205 BROOKFOREST DR.</b><br><b>TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete  |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="font-size: 1.2em; font-weight: bold;">800059782698</div> <div style="font-size: 0.8em;">09/20/05--01046--008 **61.25</div> |                                                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                     | <b>D</b><br><b>ENGLISH, GREG</b><br><b>6672 KINGMAN TRAIL</b><br><b>TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |                                                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                     | <b>D</b><br><b>KENNETT, GREG</b><br><b>9934 WADESBORO</b><br><b>TALLAHASSEE, FL 32311</b> <input type="checkbox"/> Delete     |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>                                                   |                                                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                               |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |                                                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                               |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |                                                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                               |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |                                                                                                                                                                                                                                               |  |

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:**  9/16/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR