2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State
03-06-2008 90042 042 ****70.00

DOCUMENT # 747016

1. Entity Name
LOGOS, LIFE AND LIGHT FOUNDATION, INC.

Principal Place of Business	Mailing Address
98 OLD BARN TRAIL ORMOND BEACH, FL 32174-8272 US	P O BOX 1732 ORMOND BEACH, FL 32175-1732 US

4 _____

01172008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1923399
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSA, ANTONIO
137 BEAU RIVAGE DR
ORMOND BEACH, FL 32176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLOURNOY, FRANCES
STREET ADDRESS	1009 EARL DIXON RD
CITY-ST-ZIP	GIRARD, GA 30426
TITLE	VD
NAME	BUSA, ANTONIO
STREET ADDRESS	137 BEAU RIVAGE DR
CITY-ST-ZIP	ORMOND BEACH, FL ~~00000~~ 32176
TITLE	PD
NAME	LAWYER, BEVERLY
STREET ADDRESS	98 OLD BARN TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	~~TD~~ SD
NAME	BUCKNER, SHEILA L
STREET ADDRESS	7909 216TH STREET
CITY-ST-ZIP	O BRIEN, FL 32071
TITLE	D
NAME	CARTER, REGINALD REV. &
STREET ADDRESS	2230 RIVERBROOK COURT
CITY-ST-ZIP	DECATUR, GA 30035
TITLE	D
NAME	PROX, DARLENE M
STREET ADDRESS	230 COVENTRY COURT
CITY-ST-ZIP	ORMOND BCH., FL 32174

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Beverly R. Lawyer Beverly R. Lawyer 01/18/08 (386)673-8756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #