

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000037

**Entity Name:** UNIVERSIDAD CRISTIANA LOGOS, INC

**Current Principal Place of Business:**

9310 OLD KINGS RD. S. SUITE 801  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

1603 MINERVA AVE.  
JACKSONVILLE, FL 32207

**FEI Number: 71-0962979**

**Certificate of Status Desired: No**

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

SANCHEZ, EDWIN ROBERTO DR.  
1603 MINERVA AVE.  
JACKSONVILLE, FL 32207 US

*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

**Officer/Director Detail :**

Title P  
Name SANCHEZ, EDWIN ROBERTO DR.  
Address 1603 MINERVA AVE.  
City-State-Zip: JACKSONVILLE FL 32207

Title OF.  
Name VERA, ARMANDO PASTOR, DR.  
Address 2204 ROBIN ST.  
City-State-Zip: MCALLEN TX 78504

Title OF.  
Name VALDES, JUAN PASTOR, DR.  
Address 3231 NW 16TH STREET  
City-State-Zip: MIAMI FL 33125

Title OFFICER  
Name COLOP, FRANCISCO PASTOR, DR.  
Address 1603 MINERVA AVE.  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name VARELA, CONRADA DR.  
Address 1603 MINERVA AVE.  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 all other like empowered.*

**SIGNATURE: EDWIN ROBERTO SANCHEZ**

**PRESIDENT**

**03/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date