2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000037

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

Name and Address of Current Registered Agent:

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

Date

Certificate of Status Desired: Yes

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

Officer/Director Detail :

| Title P Title OF. | |
|--|----------|
| Name SANCHEZ, EDWIN ROBERTO DR. Name VERA, ARMANDO PASTO | R, DR. |
| Address 1603 MINERVA AVE. Address 2204 ROBIN ST. | |
| City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: MCALLEN TX 78504 | |
| | |
| Title OF. Title OFFICER | |
| Name VALDES, JUAN PASTOR, DR. Name COLOP, FRANCISCO PAS | TOR, DR. |
| Address 3231 NW 16TH STREET Address 1603 MINERVA AVE. | |
| City-State-Zip: MIAMI FL 33125 City-State-Zip: JACKSONVILLE FL 32207 | |
| Title OFFICER | |
| | |
| Name GARZA, RAUL PASTOR, 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

PRESIDENTE

03/09/2018

Electronic Signature of Signing Officer/Director Detail