

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000013013

Entity Name: LOGOS LODGE, INC**Current Principal Place of Business:**209 NE 36 AVE
OCALA, FL 34470**Current Mailing Address:**209 NE 36 AVE
OCALA, FL 34470 UN**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SNAPPY TAX, LLC
209 NE 36 AVE
OCALA, FL 34470 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 | CRONMILLER, GREG |
| Address | 9093 SE 108 PLACE |
| City-State-Zip: | BELLEVUE FL 34420 |

| | |
|-----------------|--------------------|
| Title | VP |
| Name | SANDERS, JOSH |
| Address | 6650 SE US HWY 41 |
| City-State-Zip: | MORRISTON FL 32668 |

| | |
|-----------------|-----------------------|
| Title | S |
| Name | EARNEST, LONNIE |
| Address | 3062 SE 159TH LANE RD |
| City-State-Zip: | SUMMERFIELD FL 34491 |

| | |
|-----------------|-----------------|
| Title | T |
| Name | BURKE, BENJAMIN |
| Address | 209 NE 36 AVE |
| City-State-Zip: | OCALA FL 34470 |

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: BENJAMIN BURKE

T

02/09/2021

Electronic Signature of Signing Officer/Director Detail_____
Date