

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730046

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: THE LOGLAN INSTITUTE, INC.

**Current Principal Place of Business:**

3009 PETER'S WAY  
SAN DIEGO, CA 32117

**New Principal Place of Business:**

**Current Mailing Address:**

9838 SW 106 TERRACE  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 23-7388576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARSONS, WESLEY R  
9838 SW 106 TERRACE  
MIAMI, FL 33176 US

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

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

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: HAYDON, GLEN B.,  
Address: BOX 429 STAR ROUTE 2  
City-St-Zip: LA HONDA, CA

Title: CD ( ) Delete  
Name: HOLMES, RANDALL  
Address: 1304 GOURLEY STREET  
City-St-Zip: BOISE, ID 83705

Title: STD ( ) Delete  
Name: DOWELL, LAURIE  
Address: 1355 NACHVILLE ST  
City-St-Zip: SAN DIEGO, CA 92110

Title: PD ( ) Delete  
Name: PARSONS, WESLEY R  
Address: 9838 SW 106 TERRACE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WESLEY R PARSONS

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date