

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747016

1. Entity Name

LOGOS, LIFE AND LIGHT FOUNDATION, INC.

FILED

Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90039 047 \*\*\*\*61.25

Principal Place of Business

98 OLD BARN TRAIL  
ORMOND BEACH FL 32174-8272  
US

Mailing Address

P O BOX 1732  
ORMOND BEACH FL 32175-1732  
US

2. Principal Place of Business

98 OLD BARN TRAIL

3. Mailing Address

P.O. BOX 1732

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ORMOND BEACH, FLORIDA

City & State  
ORMOND BEACH, FLORIDA

4. FEI Number

59-1923399

Applied For

Not Applicable

Zip  
32174-8272

Country  
USA

Zip  
32175-1732

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWYER, JAMES R.  
98 OLD BARN TRAIL  
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FLOURNOY, FRANCES	
STREET ADDRESS	P O BOX 5 N/A	
CITY-ST-ZIP	NEWINGTON GA 30446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUSA, ANTONIO	
STREET ADDRESS	137 BEAU RIVAGE DR	
CITY-ST-ZIP	ORMOND BEACH, FL 00000 32176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWYER, BEVERLY	
STREET ADDRESS	98 OLD BARN TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAGLIENTE, FRANK	
STREET ADDRESS	290 POLLARD ROAD	
CITY-ST-ZIP	NORTHBRIDGE MA 01534	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, REGINALD REV. &	
STREET ADDRESS	2230 RIVERBROOK COURT	
CITY-ST-ZIP	DECATUR GA 30035	
TITLE	S	<input type="checkbox"/> Delete
NAME	MC ROBERTS, DARLENE	
STREET ADDRESS	230 COVENTRY COURT	
CITY-ST-ZIP	ORMOND BCH. FL 32174	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOURNOY, FRANCES	
STREET ADDRESS	P.O. BOX 57	
CITY-ST-ZIP	GIRARD, GA 30426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(386) 673-7612  
Daytime Phone #

CR2E037 (9/01)

Attachment  
Doc# 747016  
927704

2002 CORPORATION ANNUAL REPORT - SUPPLEMENT

Logos Life and Light Foundation, Inc.

Document #747016

OFFICERS AND DIRECTORS (Continued)

T/D

LAWYER, JAMES R.

98 OLD BARN TRAIL

ORMOND BEACH, FL 32174-8272

D

JOHN SALMON

1935 JACKSON LANE

DAYTONA BEACH, FL 32124