# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 24, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 747016

1. Entity Name
LOGOS, LIFE AND LIGHT FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 98 OLD BARN TRAIL<br>ORMOND BEACH, FL 32174-8272 US | P O BOX 1732<br>ORMOND BEACH, FL 32175-1732 US |

DO NOT WRITE IN THIS SPACE

01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1923399
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSA, ANTONIO
137 BEAU RIVAGE DR
ORMOND BEACH, FL 32176

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000388845
02/01/06-80030-012 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | FLOURNOY, FRANCES |
| STREET ADDRESS | 1009 EARL DIXON RD |
| CITY-ST-ZIP | GIRARD, GA 30426 |
| TITLE | VD |
| NAME | BUSA, ANTONIO |
| STREET ADDRESS | 137 BEAU RIVAGE DR |
| CITY-ST-ZIP | ORMOND BEACH, FL 00000, 32176 |
| TITLE | PD |
| NAME | LAWYER, BEVERLY |
| STREET ADDRESS | 98 OLD BARN TRAIL |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | D |
| NAME | TAGLIENTE, FRANK |
| STREET ADDRESS | 290 POLLARD ROAD |
| CITY-ST-ZIP | NORTHBRIDGE, MA 01534 |
| TITLE | D |
| NAME | CARTER, REGINALD REV. & |
| STREET ADDRESS | 2230 RIVERBROOK COURT |
| CITY-ST-ZIP | DECATUR, GA 30035 |
| TITLE | S |
| NAME | PROX, DARLENE M |
| STREET ADDRESS | 230 COVENTRY COURT |
| CITY-ST-ZIP | ORMOND BCH., FL 32174 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 B. Lawyer Beverly B. Lawyer (P/A) 1/16/06 (386)673-7612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(See Attachment)