


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90042 042 \*\*\*\*70.00

<b>DOCUMENT # 747016</b> 1. Entity Name LOGOS, LIFE AND LIGHT FOUNDATION, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**

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01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1923399	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BUSA, ANTONIO 137 BEAU RIVAGE DR ORMOND BEACH, FL 32176	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FLOURNOY, FRANCES 1009 EARL DIXON RD GIRARD, GA 30426
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BUSA, ANTONIO 137 BEAU RIVAGE DR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LAWYER, BEVERLY 98 OLD BARN TRAIL ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BUCKNER, SHEILA L 7909 216TH STREET O BRIEN, FL 32071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARTER, REGINALD REV. & 2230 RIVERBROOK COURT DECATUR, GA 30035
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PROX, DARLENE M 230 COVENTRY COURT ORMOND BCH., FL 32174

**DO NOT WRITE  
IN THIS SPACE**

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 R. Lawyer Beverly R. Lawyer 01/18/08 (386)673-8756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #