

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002776

FILED
Apr 23, 2005
Secretary of State

Entity Name: BRIDGE-LOGOS INTERNATIONAL TRUST, INC.

Current Principal Place of Business:

17310 NW 32 AVE
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

PO BOX 141630
GAINESVILLE, FL 326141630

New Mailing Address:

FEI Number: 22-3622339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRELL, GUY
17310 NW 32 AVE
NEWBERRY, FL 32669 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: PCD () Delete
Name: MORRELL, GUY J
Address: 17130 NW 32 AVE
City-St-Zip: NEWBERRY, FL 32669

Title: SD () Delete
Name: TOMAN, SUZANNE
Address: 17130 NW 32 AVE
City-St-Zip: NEWBERRY, FL 32669

Title: TD (X) Delete
Name: TOMAN, ANDREW
Address: 17130 NW 32 AVE
City-St-Zip: NEWBERRY, FL

Title: D () Delete
Name: MORRELL, CATHERINE F
Address: 17130 NW 32 AVE
City-St-Zip: NEWBERRY, FL

Title: VD (X) Delete
Name: WATSON, DENNIS G
Address: 398 LAKE INDIAN HILLS DRIVE
City-St-Zip: CARBONDALE, IL 62902

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUY J MORRELL

PCD

04/23/2005

Electronic Signature of Signing Officer or Director

Date