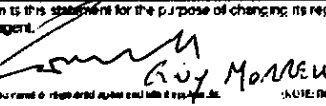
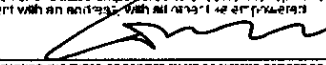


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91870 028 ****70.00

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002776					
1. Entity Name BRIDGE-LOGOS INTERNATIONAL TRUST, INC.					
Principal Place of Business 17310 NW 32 AVE NEWBERRY, FL 32669			Mailing Address PO BOX 141639 GAINESVILLE, FL 32614-1630		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 22-3622339				Applied For (Not Applicable)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MORRELL, GUY 17310 NW 32 AVE NEWBERRY, FL 32669			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  GUY MORRELL DATE 4/30/03					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
Make Check Payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS					
11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE ☐ Delete ☐ Change ☐ Addition					
NAME ☐ Delete ☐ Change ☐ Addition					
STREET ADDRESS ☐ Delete ☐ Change ☐ Addition					
CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition					
TITLE ☐ Delete ☐ Change ☐ Addition					
NAME ☐ Delete ☐ Change ☐ Addition					
STREET ADDRESS ☐ Delete ☐ Change ☐ Addition					
CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition					
TITLE ☐ Delete ☐ Change ☐ Addition					
NAME ☐ Delete ☐ Change ☐ Addition					
STREET ADDRESS ☐ Delete ☐ Change ☐ Addition					
CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition					
TITLE ☐ Delete ☐ Change ☐ Addition					
NAME ☐ Delete ☐ Change ☐ Addition					
STREET ADDRESS ☐ Delete ☐ Change ☐ Addition					
CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption noted in Section 189 (7)(a)(3), 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 it was 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all names of employees.					
SIGNATURE:  GUY J MORRELL DATE 4/30/03 352 472 7900					