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	Mailing Address
17310 NW 32 AVE NEWBERRY, FL 32669	PO BOX 141630 GAINESVILLE, FL 32614-1630

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
MORRELL, GUY 17310 NW 32 AVE NEWBERRY, FL 32669	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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Guy Morrell (Signature of New Registered Agent, if changed) (NOTE: Required) DATE: 4/30/03

FEE AMOUNT: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORRELL, GUY J		NAME	
STREET ADDRESS	17130 NW 32 AVE		STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOMAN, SUZANNE		NAME	
STREET ADDRESS	17130 NW 32 AVE		STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOMAN, ANDREW		NAME	
STREET ADDRESS	17130 NW 32 AVE		STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY, FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORRELL, CATHERINE F		NAME	
STREET ADDRESS	17130 NW 32 AVE		STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY, FL		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WATSON, DENNIS G		NAME	
STREET ADDRESS	6525 NW 65 LN		STREET ADDRESS	WATSON DENNIS G
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	398 LAKE INDIAN HILLS DRIVE
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	CARBONDALE IL 62902
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2F037 (10/02)

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: 4/30/03 352 472 7900

(SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Guy J Morrell