

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90573 026 ****70.00

DOCUMENT # N00000001584

1. Entity Name

LOGOS GLOBAL NETWORK OF CHRISTIAN MINISTRIES, IN C.

Principal Place of Business

**900 UNIVERSITY BLVD., NORTH, #107
JACKSONVILLE FL 32211**

Mailing Address

**900 UNIVERSITY BLVD., NORTH, #107
JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3628171**

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

**TRAVIS, CHARLES T DR.
900 UNIVERSITY BLVD., NORTH, #107
JACKSONVILLE FL 32211**

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.

SIGNATURE

DR CHARLES TRAVIS

4/23/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VPT LUNSFORD, RAYMOND D**
STREET ADDRESS **911 SHORE LINE CIR.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST LUNSFORD, BARBARA**
STREET ADDRESS **911 SHORE LINE CIR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TRAVIS, DEBORAH**
STREET ADDRESS **11152 OAK RIDGE DR. SO**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PT TRAVIS, CHARLES**
STREET ADDRESS **11152 OAK RIDGE DR. SO.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DANNER, JACOB FR.**
STREET ADDRESS **8513 ROCKLAND DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR CHARLES TRAVIS

4/23/02 904-745-3311

Date

Daytime Phone #

CR2E037 (9/01)