2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001584

1. Entity Name
LOGOS GLOBAL NETWORK OF CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211	8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP CR2E037 (10/03)

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000106772
04/08/04-00023-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	LUNSFORD, RAYMOND D
STREET ADDRESS	911 SHORE LINE CIR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	ST
NAME	LUNSFORD, BARBARA
STREET ADDRESS	911 SHORE LINE CIR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	T
NAME	TRAVIS, DEBORAH
STREET ADDRESS	11152 OAK RIDGE DR. SO
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	PT
NAME	TRAVIS, CHARLES
STREET ADDRESS	11152 OAK RIDGE DR. SO.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	DANNER, JACOB FR.
STREET ADDRESS	8513 ROCKLAND DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dr. Charles Travis 4-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #