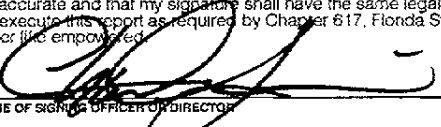


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N00000001584		
1. Entry Name LOGOS GLOBAL NETWORK OF CHRISTIAN MINISTRIES, INC.		
Principal Place of Business 8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211	Mailing Address 8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TRAVIS, CHARLES T DR. 900 UNIVERSITY BLVD., NORTH, #107 JACKSONVILLE, FL 32211		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000106772 04/08/04-80029-002 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LUNSFORD, RAYMOND D 911 SHORE LINE CIR. PONTE VEDRA BEACH, FL 32082	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUNSFORD, BARBARA 911 SHORE LINE CIR PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAVIS, DEBORAH 11152 OAK RIDGE DR. SO JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TRAVIS, CHARLES 11152 OAK RIDGE DR. SO. JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNER, JACOB FR. 8513 ROCKLAND DR. JACKSONVILLE, FL 32221	
TITLE 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)(f), 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 filers empowered.		
SIGNATURE:  Signature and typed or printed name of signing officer or director		4-7-04 Date Daytime Phone #