2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
03-16-2005 90045 004 ****70.00

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

200621441

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

02222005 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2005

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT LUNSFORD, RAYMOND D 911 SHORE LINE CIR. PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT LAMONT FREEMAN 8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LUNSFORD, BARBARA 911 SHORE LINE CIR PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NORA FREEMAN 8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRAVIS, DEBORAH 11152 OAK RIDGE DR. SO JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT TRAVIS, CHARLES 11152 OAK RIDGE DR. SO. JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANNER, JACOB FR. 8513 ROCKLAND DR. JACKSONVILLE, FL 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Charles Travis 3-7-05 904-743-3311 904-646-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR) Date Daytime Phone #