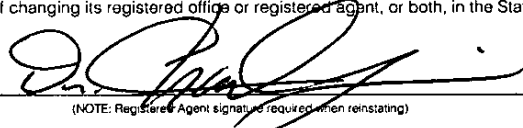
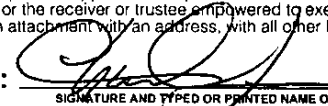


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90009 030 ****70.00

DOCUMENT # N00000001584 1. Entity Name LOGOS GLOBAL NETWORK OF CHRISTIAN MINISTRIES, INC.					
Principal Place of Business 9000 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211			Mailing Address 9000 REGENCY SQUARE BLVD. 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		Country		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 DR. CHARLES TRAVIS Street Address (P.O. Box Number is Not Acceptable) 11152 OAK RIDGE DR. SO. City JACKSONVILLE FL 32225		
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 DR. CHARLES TRAVIS  3/18/06 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, 2006		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 FREEMAN, LAMONT 8150 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT THOMSON, ROBERT 4106 ROGER RD JACKSONVILLE, FL 32277	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREEMAN, NORA 8150 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAPINSKI, MISTY 4231 Polo Court JACKSONVILLE, FL 32277	☒ 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 exemptions contained in Chapter 119, 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 3/18/06 904-745-3311 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					