


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 A**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-NP CR2E037 (4/06)

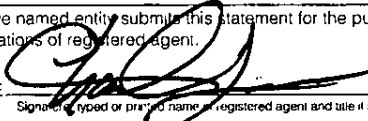
4. FEI Number 59-3628171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TRAVIS, CHARLES T DR  
11152 OAK RIDGE DR SOUTH  
JACKSONVILLE, FL 32225

**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  DR. Charles Travis 3/6/07  
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, 2007**

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

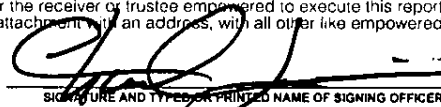
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT THOMSON, ROBERT 4106 ROGER RD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAPINSKI, MISTY 4231 POLO CT JACKSONVILLE, FL 32277
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80057-002 70.00

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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 3/6/07 904-745-3311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #