

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90019 015 ****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**

40048203



02132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3628171	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required.
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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

[Signature]
Signature, type 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, 2008**

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	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #