2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90120 020 ****70.00

DOCUMENT # N00000001584

1. Entity Name
LOGOS GLOBAL NETWORK OF CHRISTIAN MINISTRIES, IN C.

Principal Place of Business	Mailing Address
900 UNIVERSITY BLVD.. NORTH. #107 JACKSONVILLE FL 32211	900 UNIVERSITY BLVD.. NORTH. #107 JACKSONVILLE FL 32211

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8159 Arlington Expressway	8159 Arlington Expressway
Suite, Apt. #, etc.: Suite 29	Suite, Apt. #, etc.: Suite 29
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32211 Country:	Zip: 32211 Country:

4. FEI Number 59-3628171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRAVIS, CHARLES T DR. 900 UNIVERSITY BLVD., NORTH, #107 JACKSONVILLE FL 32211	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

FILE NOW: FEE IS $61.25

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		☐ 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		☐ 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

CR2E037 (10/02)

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: SIGNATURE REQUIRED Charles Travis 2-18-03 904-745-3311