2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006203

Entity Name: LOGOS VISION FELLOWSHIP, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: P O BOX 5250 P.O. BOX 670513 LIGHTHOUSE POINT, FL 33074 CORAL SPRINGS, FL 33067 **Current Mailing Address: New Mailing Address:** P O BOX 5250 P O BOX 670513 LIGHTHOUSE POINT, FL 33074 CORAL SPRINGS, FL 33067 FEI Number: 58-2673235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLYMORE, LEON 5212 NW 54TH AVE COCONUT CREEK, FL 33073 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete COLLYMORE, LEON COLLYMORE, LEON DR. Name: Name: 5212 NW 54TH AVE Address: 5212 NW 54TH AVE Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073 Title: () Delete Title: (X) Change () Addition CUSHMAN, EARLE Name: COLLYMORE, LINDA REV Name: Address: 2621 NE 24TH ST Address: 5212 NW 54TH AVENUE LIGHTHOUSE POINT, FL 33064 City-St-Zip: City-St-Zip: COCONUT CREEK, FL 33073 Title: () Delete Title: (X) Change () Addition COURTENAY, CURT REV GAMMILL, HERSCHEL Name: Name: 4111 38TH ST NW 1365 FLATBUSH AVENUE Address: Address: City-St-Zip: CANTON, OH 44718 City-St-Zip: BROOKLYN, NY 11210 Title: (X) Delete Title: () Change () Addition Name: COLLYMORE, LINDA Name: Address: 5212 NW 54TH AVE Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: (X) Delete Title: () Change () Addition ARNETTE, GARY Name: Name: 1955 WATERSIDE CT E Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA COLLYMORE D 05/01/2002