


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005296

1. Entity Name
LOGOS MINISTRIES, INC.



Principal Place of Business
**1400 VILLAGE SQUARE BLVD., #3
 TALLAHASSEE, FL 32312**

Mailing Address
**1400 VILLAGE SQUARE BLVD., #3
 TALLAHASSEE, FL 32312**



09022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3739692

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COX, JAMES T
 1282 TIMBERLANE RD.
 TALLAHASSEE, FL 32312**

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, 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 September 8, 2004**

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	D COX, JAMES 3205 BROOKFOREST DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, GREG 6672 KINGMAN TRAIL TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETT, GREG 9934 WADESBORO TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 09/03/04-80001-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: James Cox **9/2/04** **850-386-4886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #