

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005296

1. Entity Name
LOGOS MINISTRIES, INC.



FILED

07 JUL 11 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

[Handwritten Signature]



07102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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07/24/07--01052--009 **61.25

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-07