2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008725

Title:

Name:

Address:

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

Entity Nai	me: EGLISE BAPTIST DE LOGOS INC	D.		
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	ICHIGAN ST D, FL 32805			
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
8339 SNOWFIRE DR. ORLANDO, FL 32861			8339 SNOWFIRE DR. ORLANDO, FL 32818	
FEI Number:	: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Age	nt: Name and Address o	Name and Address of New Registered Agent:	
8339 SNO	S, ULRICK WFIRE DR. D, FL 32818 US			
	named entity submits this statement fo e of Florida.	r the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registere	ed Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	A () Delete FRANCOIS, LUCILE 8339 SNOWFIRE DR ORLANDO, FL 32818	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BD () Delete OSNE, SADRAQUE 1104 CHESTERTON AVE. ORLANDO, FL 32809	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FD () Delete FILS, JOSEPH B 331 CORRINA DR DAVENPORT, FL 33897	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete FRANCOIS, ULRICK 8339 SNOWFIRE DR. ORLANDO, FL 32818	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LUCILE FRANCOIS 03/23/2009 Α

() Delete

ST. FLEUR, WIDINE

KISSIMMEE, FL 34744

2200 COUNTRY FIELT WAY

() Change () Addition