

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90210 013 ****61.25

DOCUMENT # N03000003722

1. Entity Name
LOGOS CHAPEL, INC.



Principal Place of Business
14050 NW 20TH ST.
PEMBROKE PINES, FL 33028

Mailing Address
14050 NW 20TH ST.
PEMBROKE PINES, FL 33028

14009799



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

200011074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANNOM, JACK
14050 NW 20TH ST.
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE D ☐ Delete
NAME LANNOM, JACK
STREET ADDRESS 14050 NW 20TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D ☐ Delete
NAME MORRIS, BRETT
STREET ADDRESS 14050 NW 20TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D ☐ Delete
NAME COLLIER, JOHN
STREET ADDRESS 14050 NW 20TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D ☐ Delete
NAME YON, TOM
STREET ADDRESS 14050 NW 20TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D ☐ Delete
NAME BEESON, JIM
STREET ADDRESS 14050 NW 20TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: TOM YON *Thomas Yon, Treas.* 4/25/04 9545816390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #