

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0011074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	<input type="checkbox"/> Delete
NAME	LANNOM, JACK	
STREET ADDRESS	14050 NW 20TH ST.	
CITY- ST- ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, BRETT	
STREET ADDRESS	14050 NW 20TH ST.	
CITY- ST- ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIER, JOHN	
STREET ADDRESS	14050 NW 20TH ST.	
CITY- ST- ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	YON, TOM	
STREET ADDRESS	14050 NW 20TH ST.	
CITY- ST- ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEESON, JIM	
STREET ADDRESS	14050 NW 20TH ST.	
CITY- ST- ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000208483	
CITY- ST- ZIP	02/01/05-80085-017 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 *Tom Yon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-05

954-584-6390

Date

Daytime Phone #