

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 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

1st MOORE

CR2E037 (10/05)

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

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 fee if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP
UN0000462903
03/21/06-80054-016 61.25

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Thomas R. Yon 3/10/06 07:58:11 390