


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90302 036 \*\*\*\*70.00

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000008148</b>                        |  |
| 1. Entity Name<br><b>LOGOS EDUCATORS NETWORK, INC</b> |                                                                                   |

|                                                                                                            |                                                                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>8159 ARLINGTON EXPRESSWAY<br/>SUITE 29<br/>JACKSONVILLE, FL 32211 US</b> | Mailing Address<br><b>8159 ARLINGTON EXPRESSWAY<br/>SUITE 29<br/>JACKSONVILLE, FL 32211 US</b> |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04212005 Chg-NP CR2E037 (10/03)

|                                        |                                                        |
|----------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|----------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                         |  |
|-----------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                         |  |
| <b>LAPINSKI, MISTY MS MRS.<br/>243 WHISTLER SPRING COURT<br/>JACKSONVILLE, FL 32225</b> |  |
| <b>NAME CHANGE ONLY</b>                                                                 |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name <b>LAPINSKI, MISTY MRS.</b>                   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City <b>FL</b>                                     | 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 Misty Lapinski DATE April 25, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                     |                                                                                                                     |                                                              |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                    |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>TRAVIS, CHARLES T DR.<br/>8159 ARLINGTON EXPRESSWAY STE 29<br/>JACKSONVILLE, FL 32211</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>LAPINSKI, MISTY MS<br/>243 WHISTLER SPRING COURT<br/>JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S/T<br/>TRAVIS, DEDORAH MRS<br/>11152 OAKRIDGE DR. SO<br/>JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                          |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>LAPINSKI, MISTY, MRS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |

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: Deborah Travis DATE 4/25/05 DAYTIME PHONE # 904-745-3311 x103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR