

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 24, 2006 8:00 am
Secretary of State**

03-24-2006 90017 034 ****70.00

DOCUMENT # N03000008148

1. Entity Name
LOGOS EDUCATORS NETWORK, INC



Principal Place of Business
8159 ARLINGTON EXPRESSWAY
SUITE 29
JACKSONVILLE, FL 32211 US

Mailing Address
8159 ARLINGTON EXPRESSWAY
SUITE 29
JACKSONVILLE, FL 32211 US

2. Principal Place of Business
9000 REGENCY SQUARE BLVD.

3. Mailing Address
9000 REGENCY SQUARE BLVD.

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE

Zip
32211

Country
DUVAL

Zip
32211

Country
DUVAL

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
06-1744835

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAPINSKI, MRS. MISTY
243 WHISTLER SPRING COURT
JACKSONVILLE, FL 32226

Name

Street Address (P.O. Box Number is Not Acceptable)
4231 POLO COURT

City

JACKSONVILLE, FL Zip Code 32277

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAVIS, CHARLES T DR. 8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAPINSKI, MRS. MISTY 243 WHISTLER SPRING COURT JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4231 POLO COURT JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T TRAVIS, DEDORAH MRS 11152 OAKRIDGE DR. SO JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained 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 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:

Misty Lapinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #