


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008148	
1. Entity Name LOGOS EDUCATORS NETWORK, INC	

Principal Place of Business 9000 REGENCY SQUARE BLVD SUITE 100 JACKSONVILLE, FL 32211 US	Mailing Address 9000 REGENCY SQUARE BLVD SUITE 100 JACKSONVILLE, FL 32211 US
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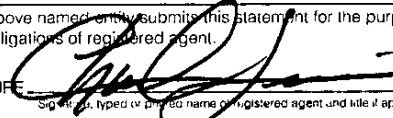
03282007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 06-1744835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAPINSKI, MRS. MISTY 4231 POLO COURT JACKSONVILLE, FL 32277

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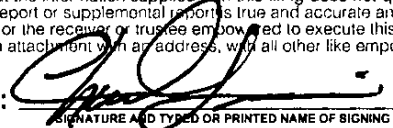
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  (NOTE: Registered Agent signature required when reappointing) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAVIS, CHARLES T DR. 8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAPINSKI, MRS. MISTY 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/30/07-80024-002 70.00

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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:  Charles Travis 3-28-07 904 745-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #