2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008148

Entity Name: LOGOS EDUCATORS NETWORK, INC

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9000 REGENCY SQUARE BLVD 9825 GATE PKWY, N

SUITE 100 #3201

JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32246 US

Current Mailing Address: New Mailing Address:

9000 REGENCY SQUARE BLVD 9825 GATE PKWY, N

SUITE 100 #3201

JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32246 US

FEI Number: 06-1744835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAPINSKI, MRS. MISTY LAPINSKI, MISTY D 4231 POLO COURT 4231 POLO COURT

JACKSONVILLE, FL 32277 US JACKSONVILLE, FL 32277 US

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.

SIGNATURE: MISTY D. LAPINSKI 04/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

Name: TRAVIS, CHARLES T DR. Name: LAPINSKI, MISTY D

 Address:
 8159 ARLINGTON EXPRESSWAY STE 29
 Address:
 4231 POLO CT.

 City-St-Zip:
 JACKSONVILLE, FL 32211 US
 City-St-Zip:
 JACKSONVILLE, FL 32277 US

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 LAPINSKI, MRS. MISTY
 Name:
 PALMER, WARREN J DR.

 Address:
 4231 POLO COURT
 Address:
 9670 SPRATLEY AVE.

Address: 4231 POLO COURT Address: 9670 SPRAILEY AVE.

City-St-Zip: JACKSONVILLE, FL 32277 US City-St-Zip: LAUREL, MD 20723 US

Title: S/T (X) Delete Title: () Change () Addition

 Name:
 TRAVIS, DEDORAH MRS
 Name:

 Address:
 11152 OAKRIDGE DR. SO
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. WARREN J. PALMER VP 04/10/2009