

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008148

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** LOGOS EDUCATORS NETWORK, INC

**Current Principal Place of Business:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 302  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 302  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 06-1744835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRANT, MISTY D  
4903 YACHT BASIN DRIVE  
JACKSONVILLE, FL 32225 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRANT, MISTY D  
Address: 4903 YACHT BASIN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP  
Name: PALMER, WARREN J DR.  
Address: 9670 SPRATLEY AVE.  
City-St-Zip: LAUREL, MD 20723 US

I hereby 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 all other like empowered.

SIGNATURE: MISTY GRANT

P

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date