2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N03000011070

1. Entity Name

LOGOS COLLEGE AND SEMINARY, INC



Principal Place of Business

9000 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211

Mailing Address

9000 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211

FILED Apr 04, 2008 8:00 am Secretary of State

04-04-2008 90020 050 ****70.00

40020260



02132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number マレースワンフスタス NOT APPLICABLE

\$8.75 Additional

Applied For

Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

TRAVIS, DEBORAH A 11152 OAK RIDGE DR. SO. JACKSONVILLE, FL 32225

SIGNATURE:

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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_	Signature, typed or printed name of registered agent and title	DEBORAH	TRA	required when reinstating)	3/31/08 DATE			
	Signature, typed or printed name or registered agent and site	r applicable: (NOTE: Registered :	Ageni signature	reduired when reinstaling)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAVIS, CHARLES T DR. 11152 OAK RIDGE DR. SO. JACKSONVILLE, FL. 32225				·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMSON, ROBERT DR. 8159 ARLINGTON EXPRESSWAY ST JACKSONVILLE, FL 32211	E 29						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T TRAVIS, DEBORAH A 11152 OAK RIDGE DR. SO. JACKSONVILLE, FL 32225			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP					-			
12. I hereby certify that the information supplied with this filling 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.								





EIN Assistant					
Your Progress:	1. Identity	2. Authenticate	3. Addresses	4. Details	5. EIN Confirmation
Congratulations!	Help Topics				
	A Assigned: 26-202	2282 S COLLEGE AND SEMII	NARY INC		What if I do not have access to a printer at this time?
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