

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011070

FILED  
Jul 31, 2009  
Secretary of State

Entity Name: LOGOS COLLEGE AND SEMINARY, INC

## Current Principal Place of Business:

9000 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32211

## New Principal Place of Business:

9825 GATE PARKWAY NORTH  
SUITE 3201  
JACKSONVILLE, FL 32246

## Current Mailing Address:

9000 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32211

## New Mailing Address:

9825 GATE PARKWAY NORTH  
SUITE 3201  
JACKSONVILLE, FL 32246

FEI Number: 26-2022282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

TRAVIS, CHARLES T DR.  
11152 OAK RIDGE DR. SO.  
JACKSONVILLE, FL 32225      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: CHARLES TRAVIS

07/31/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: TRAVIS, CHARLES T DR.  
Address: 11152 OAK RIDGE DR. SO.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP      ( ) Delete  
Name: THOMSON, ROBERT DR.  
Address: 8159 ARLINGTON EXPRESSWAY STE 29  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S/T      ( ) Delete  
Name: TRAVIS, DEBORAH A  
Address: 11152 OAK RIDGE DR. SO.  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: LAPINSKI, MISTY D MS  
Address: 9825 GATE PARKWAY NORTH  
City-St-Zip: JACKSONVILLE, FL 32246

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: CHARLES TRAVIS

P

07/31/2009

Electronic Signature of Signing Officer or Director

Date