

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000011070

Entity Name: LOGOS UNIVERSITY, INC

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6620 SOUTHPOINT DR SOUTH  
SUITE 302  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 351148  
JACKSONVILLE, FL 32235

**New Mailing Address:**

FEI Number: 26-2022282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRAVIS, CHARLES T DR.  
11152 OAK RIDGE DR. SO.  
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: TRAVIS, CHARLES T DR.  
Address: 11152 OAK RIDGE DR. SO.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP  
Name: GRANT, MISTY D MRS.  
Address: 4903 YACHT BASIN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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

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: CHARLES T TRAVIS

P

04/26/2011

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

\_\_\_\_\_  
Date