



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90009 026 ****70.00

| | | | | | | |
|---|--|--|---|---|--|--|
| DOCUMENT # N04000004976 | | | |  | | |
| 1. Entity Name LOGOS UNIVERSITY, INC | | | | | | |
| Principal Place of Business 9000 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211 | | | Mailing Address 9000 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211 | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | |
| City & State | | | City & State | | | |
| Zip | | Country | | Zip | | |
| Country | | Country | | 4. FEI Number 20-1136774 | | |
| 5. Certificate of Status Desired | | | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| TRAVIS, DEBORAH A 11152 OAKRIDGE DR. SO JACKSONVILLE, FL 32225 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | | Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| Make check payable to Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE P | NAME TRAVIS, CHARLES T | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 11152 OAKRIDGE DR. SO | CITY-ST-ZIP JACKSONVILLE, FL 32225 | | | NAME | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE VP | NAME KENNEDY, GLORIA | | <input type="checkbox"/> Delete | TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 6159 ARLINGTON EXPRESSWAY, SUITE 20 | CITY-ST-ZIP JACKSONVILLE, FL 32211 | | | NAME ROBERT THOMSON | STREET ADDRESS 4106 ROGERO ROAD | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP JACKSONVILLE, FL 32217 | | |
| TITLE S/T | NAME TRAVIS, DEBORAH A | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 11152 OAKRIDGE DR. SO | CITY-ST-ZIP JACKSONVILLE, FL 32225 | | | NAME | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing 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. | | | | | | |
| SIGNATURE:  | | | | DR. CHARLES TRAVIS | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date: 3/18/06 904-745-3311 | | |