

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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**



03282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1136774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAVIS, DEBORAH A
11152 OAKRIDGE DR. SO
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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

DR. CHARLES TRAVIS

(NOTE: Registered Agent signature required when reinstating)

3/28/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRAVIS, CHARLES T
STREET ADDRESS	11152 OAKRIDGE DR. SO
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VP
NAME	THOMSON, ROBERT
STREET ADDRESS	4106 ROGERO RD
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	S/T
NAME	TRAVIS, DEBORAH A
STREET ADDRESS	11152 OAKRIDGE DR. SO
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80057-019 70.00

**DO NOT WRITE
IN THIS SPACE**

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

3/28/07

DATE

904-745-3311

DAYTIME PHONE #