


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2008 90009 036 \*\*\*\*70.00

<b>DOCUMENT # N04000004976</b> 1. Entity Name <b>LOGOS UNIVERSITY, INC</b>																																																																																																																																									
Principal Place of Business <b>9000 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211</b>			Mailing Address <b>9000 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211</b>																																																																																																																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02132008    Chg-NP    CR2E037 (12/06)																																																																																																																																					
City & State		City & State		4. FEI Number <b>20-1136774</b>																																																																																																																																					
Zip <b>DUVAL</b>		Zip <b>DUVAL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																					
6. Name and Address of Current Registered Agent  <b>TRAVIS, DEBORAH A 11152 OAKRIDGE DR. SO JACKSONVILLE, FL 32225</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																					
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 <u><i>Deborah Travis</i></u> <b>DEBORAH TRAVIS</b> <u><i>3/15/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
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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.																																																																																																																																									
<b>SIGNATURE:</b> <u><i>Deborah Travis</i></u> <b>DEBORAH TRAVIS</b> <u><i>3/15/08</i></u> <u><i>904-745-3311</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																																																																																																																									