


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000012657</b> 1. Entity Name <b>ALPHONZO D. LOGAN MEMORIAL FUND INC.</b>	
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Principal Place of Business <b>4 RIVERBEND DR. PALM COAST, FL 32137</b>	Mailing Address <b>4 RIVERBEND DR. PALM COAST, FL 32137</b>
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-8086645</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LOGAN, BRYANT H  
4 RIVERBEND DR.  
PALM COAST, FL 32137**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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>	<b>000000791856 01/23/08-80094-002 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LOGAN, BRYANT H 4 RIVERBEND DR. PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LOGAN, ERNESTINE 4 RIVERBEND DR. PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GOSS, BARBARA 4 RIVERBEND DR. PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Bryant H. Logan January 16, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #