

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012657

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** ALPHONZO D. LOGAN MEMORIAL FUND INC.

**Current Principal Place of Business:**

4 RIVERBEND DR.  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

4 RIVERBEND DR.  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 20-8086645      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LOGAN, BRYANT H  
4 RIVERBEND DR.  
PALM COAST, FL 32137      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      ( ) Delete  
Name: LOGAN, BRYANT H  
Address: 4 RIVERBEND DR.  
City-St-Zip: PALM COAST, FL 32137

Title: S      ( ) Delete  
Name: LOGAN, ERNESTINE  
Address: 4 RIVERBEND DR.  
City-St-Zip: PALM COAST, FL 32137

Title: T      ( ) Delete  
Name: GOSS, BARBARA  
Address: 4 RIVERBEND DR.  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRYANT H LOGAN

P

05/13/2009

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

\_\_\_\_\_  
Date