2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N08000001049

Entity Name: LOGOS CHRISTIAN UNIVERSITY, INC

Current Principal Place of Business:

9000 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32211

New Principal Place of Business:

1603 MINERVA AVE.
JACKSONVILLE, FL 32207

Current Mailing Address:

9000 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32211

New Mailing Address:

1603 MINERVA AVE.
JACKSONVILLE, FL 32207

FEI Number: 26-1883196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANCHEZ, EDWIN R
1642 BOULDER ST.
JACKSONVILLE, FL 32207 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: SANCHEZ, EDWIN R
Address: 1642 BOULDER ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: TRAVIS, CHARLES
Address: 11152 OAK RIDGE DR SO
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: TRAVIS, DEBORAH
Address: 11152 OAK RIDGE DR SO
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: SANCHEZ, REBEKAH
Address: 1642 BOULDER ST
City-St-Zip: JACKSONVILLE, FL 32207

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:

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: EDWIN ROBERTO SANCHEZ P 02/06/2009
Electronic Signature of Signing Officer or Director — Date