

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000294

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** LOGOS DIVINITY UNIVERSITY INC

**Current Principal Place of Business:**

3337 S.E. SALERNO ROAD.  
STUART, FL 34997

**New Principal Place of Business:**

2102 S.E. PYRAMID ROAD  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

3337 S.E. SALERNO ROAD.  
STUART, FL 34997

**New Mailing Address:**

P.O. BOX 7714  
PORT SAINT LUCIE, FL 34985

**FEI Number:** 80-0674333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAREK, DR. JUAN D.MIN  
3337 S.E. SALERNO ROAD  
STUART, FL 34997 US

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

BAREK, DR. JUAN D.MIN  
2102 S.E. PYRAMID ROAD  
PORT SAINT LUCIE, FL 34952 US

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: DR.JUAN J. BAREK

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/T  
Name: BAREK, JUAN J  
Address: 2102 S.E. PYRAMID ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP  
Name: BAREK, SARAH  
Address: 2102 S.E. PYRAMID ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S  
Name: BAREK, JOSHUA  
Address: 2102 S.E. PYRAMID ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: JUAN J. BAREK

DR.

03/20/2012

Electronic Signature of Signing Officer or Director

Date