


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000004217</b>	
1. Entity Name LOGOS CHRISTIAN COLLEGE & GRADUATE SCHOOLS, INC.	

Principal Place of Business 9000 REGENCY SQ BLVD SUITE 100 JACKSONVILLE, FL 32211 US	Mailing Address 9000 REGENCY SQ BLVD SUITE 100 JACKSONVILLE, FL 32211 US
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03282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3300248	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRAVIS, CHARLES DR.  
11152 OAK RIDGE DR SOUTH  
JACKSONVILLE, FL 32225

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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  **DR. CHARLES TRAVIS** **3/22/07**  
(NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAVIS, CHARLES DR. 11152 OAK RIDGE DR SO JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS PRINGLE, JAMES D 4401 GEORGETOWN DR JACKSONVILLE, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JACK D 1118 POWDER SPRINGS MARIETTA, GA 30060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAVIS, DEBORAH 11152 OAK RIDGE DR. S. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUMMERLIN, SHELVE 1360 SUMNER ROAD MOULTRIE, GA 31768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80057-018 70.00

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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.

SIGNATURE  **DR. Charles Travis** **3/22/07** **904-745-3311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #