

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004217

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: LOGOS CHRISTIAN COLLEGE & GRADUATE SCHOOLS, INC.

## Current Principal Place of Business:

9000 REGENCY SQ BLVD  
SUITE 100  
JACKSONVILLE, FL 32211 US

## New Principal Place of Business:

190 S. ROSCOE BLVD  
PONTE VEDRA BEACH, FL 32082 US

## Current Mailing Address:

9000 REGENCY SQ BLVD  
SUITE 100  
JACKSONVILLE, FL 32211 US

## New Mailing Address:

190 S. ROSCOE BLVD  
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3300248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

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

## Name and Address of New Registered Agent:

RIVERA, J.L. DR.  
5943 WIND CAVE LANE  
JACKSONVILLE, FL 32258 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: J.L. RIVERA

06/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: TDS ( ) Delete  
Name: RIVERA, J.L.  
Address: 1382 BRRKWOOD FOREST BLVD # 302  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: KELLY, JACK D  
Address: 1118 POWDER SPRINGS  
City-St-Zip: MARIETTA, GA 30060

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

Title: S ( ) Delete  
Name: NOYES, BRAD  
Address: 24104 S. OLD FARM RD  
City-St-Zip: MANHATTAN, IL 60442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TDS (X) Change ( ) Addition  
Name: RIVERA, J.L.  
Address: 5943 WIND CAVE LANE  
City-St-Zip: JACKSONVILLE, FL 32082

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: J.L. RIVERA

DR.

06/29/2009

Electronic Signature of Signing Officer or Director

Date