

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004217

FILED
Jan 06, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

6620 SOUTHPOINT DRIVE SOUTH
SUITE #302
JACKSONVILLE, FL 32216 US

Current Mailing Address:

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

New Mailing Address:

6620 SOUTHPOINT DRIVE SOUTH
SUITE #302
JACKSONVILLE, FL 32216 US

FEI Number: 59-3300248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERA, JL DR.
5943 WIND CAVE LANE
JACKSONVILLE, FL 32258 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: PRES
Name: RIVERA, JL DR.
Address: 5943 WIND CAVE LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: REGE
Name: RAULERSON, STEVE DR.
Address: P.O. BOX 1758
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SEC
Name: CRECELIUS, ALAN MR.
Address: 145 WILLOW POND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: REGE
Name: WEITA, JEFFREY MR.
Address: 960 STAVELY DRIVE W
City-St-Zip: JACKSONVILLE, FL 32225

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: JL RIVERA

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date