2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

12. I hereby certify that the information si

SIGNATURE

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # N95000005690 1. Entity Name LOGOS DIVINE ANOINTED MINISTRIES CHURCH, INC. Principal Place of Business Mailing Address 1202 S. RIDGEWOOD AVE P O BOX 6028 **DAYTONA BEACH FL 32114** DAYTONA BEACH FL 32122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3361865 Not Applicable Ζιp Country ZID Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOBLEY, RODERICK D REV. Street Address (P.O. Box Number is Not Acceptable) 463 NORTH PLEASANT ST DAYTONA BEACH FL 32114 Zip Code City 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 CATE Signature, typed or minted name of rog signed agent and the ill applicable (NOTE: Ray stated Agent signature (eguized whee reinstating) A PARAMANA P FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change TITLE ☐ Delete TITLE Addition MOBLEY, RODERICK D NAME NAME 463 N. PLEASANT ST U00000920879 STREET ADDRESS STREET ADDRESS 05/14/08-80060-022 70.00 DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delcte TITLE TITLE MOBLEY, SANDRA G NAME NAME 463 N. PLEASANT ST STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CMY-ST-ZIP CITY-ST-ZIP Addition Change Delata TITLE TITLE GILLIS, DERRICK C NAME NAME 667 WESST DAYTON CIRCLE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition DILE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition Delete TITLE TITLE NAME NAME STRULT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 his 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.