

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mertham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000000070 (9)**

1. Corporation Name

**LOGOS CHRISTIAN MINISTRIES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**900 UNIVERSITY BLVD. NORTH #107  
JACKSONVILLE FL 32225**

**900 UNIVERSITY BLVD. NORTH #107  
JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified

**01/07/1997**

4. FEI Number

**59-342 8771**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

**1/14**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAVIS, CHARLES DR  
11152 OAKRIDGE DRIVE SOUTH  
JACKSONVILLE FL 32225**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**Charles Travis**

Signature, typed or printed name of registered agent and title if applicable

**Charles Travis**

(NOTE: Registered Agent signature required when reinstating)

**2-2-98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P Trustee** ☐ DELETE  
NAME **WARREN, JOHN DR**  
STREET ADDRESS **HIGHWAY 228 BOX 270**  
CITY-ST-ZIP **WALDORF MD 20603**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V Trustee** ☐ DELETE  
NAME **EDGAR, RICHARD**  
STREET ADDRESS **5937 FRANCONIA ROAD**  
CITY-ST-ZIP **ALEXANDRIA VA 22310**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **TRAVIS, CHARLES DR**  
STREET ADDRESS **11153 OAKRIDGE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **GILLET, CAMERON**  
STREET ADDRESS **2507 BRENTWOOD DRIVE**  
CITY-ST-ZIP **MISSION TX 78572**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **DAVIS, FRANKIE**  
STREET ADDRESS **18846 ASBURY PARK**  
CITY-ST-ZIP **DETROIT MI 48235**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **S Trustee** ☐ DELETE  
NAME **SMITH, ROY**  
STREET ADDRESS **20701 MT. ZION ROAD**  
CITY-ST-ZIP **FREELAND MD 21053**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Charles Travis**

**2-2-98 59-342-8771**

CP2E037 (10/97)