

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000070

1. Entity Name

LOGOS CHRISTIAN MINISTRIES INTERNATIONAL, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90085 025 ****61.25

Principal Place of Business Mailing Address
900 UNIVERSITY BLVD. NORTH #107 900 UNIVERSITY BLVD. NORTH #107
JACKSONVILLE FL 32225 JACKSONVILLE FL 32211-5539

2. Principal Place of Business 3. Mailing Address
11150 BERRY ROAD 11150 BERRY ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.
WALDORF, MARYLAND WALDORF, MARYLAND
City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3428771 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip Country Zip Country
20603 USA 20603 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name Dr. JOHN F. WARREN
Street Address (P.O. Box Number is Not Acceptable)
5904 OLD CROOM STATION ROAD
City UPPER MARLBORO, MD Zip Code 20772
TRAVIS, CHARLES DR
11152 OAKRIDGE DRIVE SOUTH
JACKSONVILLE FL 32225

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.
SIGNATURE *Dr. John F. Warren* JOHN F. WARREN, PRESIDENT January 19, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WARREN, JOHN DR 11150 BERRY ROAD WALDORF MD 20603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer-Trustee McKnight, H.K. 1857 Fenwick Street Augusta, Georgia 30904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EDGAR, RICHARD 5937 FRANCONIA ROAD ALEXANDRIA VA 22310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, ROY 20701 MT. ZION ROAD FREELAND MD 21053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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. John F. Warren* Dr. John F. Warren 1/19/2000 301-843-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)