

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90080 011 ****61.25

DOCUMENT # N97000000070

1. Entity Name

LOGOS CHRISTIAN MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

11150 BERRY RD
 WALDORF MD 20603

Mailing Address

11150 BERRY RD
 WALDORF MD 20603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3428771

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WARREN, JOHN F DR.
11152 OAKRIDGE DRIVE SOUTH
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name **JAMES K. PRINGLE SR.**

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

4401 GEORGETOWN DRIVE

City **JACKSONVILLE**

FL

Zip Code **32210**

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 *James K. Pringle Sr.*

(NOTE: Registered Agent signature required when reinstating)

2/27/01

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

TITLE **PT** ☐ Delete
 NAME **WARREN, JOHN DR**
 STREET ADDRESS **11150 BERRY ROAD**
 CITY-ST-ZIP **WALDORF MD 20603**

TITLE **VT** ☒ Delete
 NAME **EDGAR, RICHARD**
 STREET ADDRESS **5937 FRANCONIA ROAD**
 CITY-ST-ZIP **ALEXANDRIA VA 22310**

TITLE **ST** ☒ Delete
 NAME **SMITH, ROY**
 STREET ADDRESS **20701 MT. ZION ROAD**
 CITY-ST-ZIP **FREELAND MD 21053**

TITLE **TT** ☒ Delete
 NAME **MCKNIGHT, H.K.**
 STREET ADDRESS **1857 FENWICK ST**
 CITY-ST-ZIP **AUGUSTA GA 30904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SAME** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **JONATHAN D. LAYE** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12011 BAYER DRIVE**
 CITY-ST-ZIP **SMITHSBURG MD 21783**

TITLE **WILSON MORALES** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6728 BOCK ROAD**
 CITY-ST-ZIP **FT. WASHINGTON MD. 20744**

TITLE **MARK D. BADEN** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14711 MT. CALVERT RD**
 CITY-ST-ZIP **UPPER MARLBORO MD. 20772**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **MARK D. BADEN** *Mark D. Baden* **2/14/01** **301-952-9008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)