

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 006 ****61.25

DOCUMENT # **197000000070** ✓

1. Entity Name

**LOGOS CHRISTIAN MINISTRIES INTERNET
INC.**

DO NOT WRITE IN THIS SPACE

80061895

2. Principal Place of Business

11150 BERRY Rd

Suite, Apt. #, etc.

3. Mailing Address

11150 BERRY Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WALDORF, Md

City & State

Md. WAlDORF

4. FEI Number

59-3428771

Applied For

Not Applicable

Zip

20603

Country

USA

Zip

20603

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES K. PRINGLE SR.

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

4401 GEORGETOWN DR.

City

JACKSONVILLE

FL

Zip Code

32210

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended-UBR

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

NAME

STREET ADDRESS

CITY-ST-ZIP

JOHN F WARREN
11150 BERRY Rd.
WALDORF, Md. 20603

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

JONATHAN D. LAYE
12011 BAYER DR
SMITHSBURG, Md. 21783

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WILSON MORALES
6728 Bock Rd

CITY-ST-ZIP

FT. WASHINGTON Md. 20744

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MARK D. BADEN
14711 MT CALVERT Rd
UPPER MARLBORO Md 20772

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK D. BADEN *Mark D. Baden*

3/24/02

301-952-9008

CR2E037B (12/01)