


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90004 028 \*\*\*\*61.25

<b>DOCUMENT # N97000000070</b>			
1. Entity Name <b>LOGOS CHRISTIAN MINISTRIES INTERNATIONAL, INC.</b>			
Principal Place of Business <b>11150 BERRY RD WALDORF MD 20603</b>		Mailing Address <b>11150 BERRY RD WALDORF MD 20603</b>	
2. Principal Place of Business <b>NO CHANGE</b>		3. Mailing Address <b>NO CHANGE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**34000120**



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3428771</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PRINGLE, JAMES K SR 4401 GEORGETOWN DRIVE JACKSONVILLE FL 32210</b>		7. Name and Address of New Registered Agent Name <b>KENNETH BREWER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1509 DERRINGER Rd.</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32225</b>	
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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 *Kenneth L. Brewer* **Kenneth L. Brewer** 5/18/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LAYE, JONATHAN D STREET ADDRESS 12011 BAYER DRIVE CITY-ST-ZIP SMITHSBURG MD 21783	<input checked="" type="checkbox"/> Delete	TITLE PD NAME KENNETH BREWER STREET ADDRESS 1509 DERRINGER RD. CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME MORALES, WILSON STREET ADDRESS 6728 BOOK ROAD CITY-ST-ZIP FORT WASHINGTON MD 20744	<input checked="" type="checkbox"/> Delete	TITLE ST NAME TIMOTHY WOOD STREET ADDRESS 3045 BERKSHIRE COURT CITY-ST-ZIP WADORF, MD. 20601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BADEN, MARK D STREET ADDRESS 14711 MT. CALVERT RD CITY-ST-ZIP UPPER MARLBORO MD 20772	<input type="checkbox"/> Delete	TITLE SD NAME MARK D. BADEN STREET ADDRESS 14711 MT CALVERT RD. CITY-ST-ZIP UPPER MARLBORO, MD. 20772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME PRINGLE, JAMES K STREET ADDRESS 4401 GEORGE TOWN DR CITY-ST-ZIP JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete	TITLE TD NAME LOREN CAMTER STREET ADDRESS 738 UNIVERSITY DRIVE CITY-ST-ZIP WADORF, MD. 20602	<input checked="" 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: *Mark D. Baden* **MARK D. BADEN** 4/30/04 301-952-9008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #