


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90061 006 \*\*\*\*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	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			7. Name and Address of New Registered Agent		
<b>PRINGLE, JAMES K SR</b> <b>4401 GEORGETOWN DRIVE</b> <b>JACKSONVILLE FL 32210</b>			Name <b>No CHANGE</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, JOHN DR		NAME	LAYE, JONATHAN D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11150 BERRY ROAD		STREET ADDRESS	12011 BAYER DR.	
CITY-ST-ZIP	WALDORF MD 20603		CITY-ST-ZIP	SMITHSBURG MD 21783	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYE, JONATHAN D		NAME	MORALES, WILSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12011 BAYER DRIVE		STREET ADDRESS	6728 BOOK RD.	
CITY-ST-ZIP	SMITHSBURG MD 21783		CITY-ST-ZIP	FT. WASHINGTON MD 20774	
TITLE	ST.	<input type="checkbox"/> Delete	TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, WILSON		NAME	JAMES K. PRINGLE SR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6728 BOOK ROAD		STREET ADDRESS	4401 GEORGETOWN DR.	
CITY-ST-ZIP	FORT WASHINGTON MD 20744		CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TT	<input type="checkbox"/> Delete	TITLE	Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADEN, MARK D		NAME	MARK D. BADEN SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14711 MT. CALVERT RD		STREET ADDRESS	14711 MT CALVERT RD.	
CITY-ST-ZIP	UPPER MARLBORO MD 20772		CITY-ST-ZIP	UPPER MARLBORO MD 20772	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>MARK D. BADEN SR.</u>			4-3-03 304-952-9008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E037 (10/02)