2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90210 023 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000003905

1. Entity Name

JONATHAN-LOGAN EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
432 MCKENZIE AVE PANAMA CITY FL 32401	432 MCKENZIE AVE PANAMA CITY FL 32401

519 GANOUS RD

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 18009 Suite, Apt. #, etc.
PANAMA CITY BEACH, FL. City & State	Panama City Beach, FL. City & State
32407 BAY Zip / Country	32407 BAY Zip / Country

4. FEI Number 31-1584416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRY, LARRY 432 MCKENZIE AVE PANAMA CITY FL 32401	Name: DR. HAL C. COWEN Street Address (P.O. Box Number is Not Acceptable): 127 W. 23rd St. City: Panama City **FL** Zip Code: 32405

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 _____ 3-13-01
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	DP SNOW, CATHY 519 GANOUS RD PANAMA CITY BEACH FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR. HAL C COWEN 187 MARYLAND AVE LYNN HAVEN, FL. 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SNOW, GREG 519 GANOUS RD PANAMA CITY BEACH FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carolyn Bottorf 6116 N. Star Dr Panama City, FL 32404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MITCHELL, NANCI 310 EVERGREEN ST PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Debbie Driskell 903 N. Beach Way Panama City Beach, FL 32407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MITCHELL, DONOVAN 310 EVERGREEN ST PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susan Wilder 47 Coronado ST Port St. Joe, FL. 32456	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARRY, PERRY 432 MCKENZIE AVENUE PANAMA CITY FL 32401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 3-13-2001 (850)233-6617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #