

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003905

1. Entity Name
JONATHAN-LOGAN EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
**519 GAINOUS RD
PANAMA CITY BEACH, FL 32413**

Mailing Address
**P.O. BOX 18009
PANAMA CITY BEACH, FL 32407**



03082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**COWEN, HAL C DR
127 W. 23RD ST
PANAMA CITY, FL 32405**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000116753
04/16/04-80077-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SNOW, CATHY 519 GAINOUS RD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SNOW, GREG 519 GAINOUS RD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MITCHELL, Nanci 310 EVERGREEN ST PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MITCHELL, DONOVAN 310 EVERGREEN ST PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWEN, HAL C DR 187 MARYLAND AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTORF, CAROLYN 6116 N STAR DR PANAMA CITY BEACH, FL 32407

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. Donovan Mitchell **S. DONOVAN MITCHELL** **4/14/04**