

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003905

FILED
Mar 18, 2008
Secretary of State

Entity Name: JONATHAN-LOGAN EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

519 GAINOUS RD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18009
PANAMA CITY BEACH, FL 32407

New Mailing Address:

FEI Number: 31-1584416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SNOW, CATHY
Address: 519 GAINOUS RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DS () Delete
Name: SNOW, GREG
Address: 519 GAINOUS RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DP () Delete
Name: MITCHELL, Nanci
Address: 103 GRAND HERON DR.
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: DT () Delete
Name: MITCHELL, DONOVAN
Address: 103 GRAND HERON DR.
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: COWEN, HAL C DR
Address: 187 MARYLAND AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: BOTTORF, CAROLYN
Address: 6116 N STAR DR
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOVOVAN MITCHELL

DT

03/18/2008

Electronic Signature of Signing Officer or Director

Date