# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 09, 2009**
**Secretary of State**

DOCUMENT# N98000003905

**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: DONAVAN MITCHELL DT 03/09/2009
Electronic Signature of Signing Officer or Director — Date