

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003905

1. Entity Name

JONATHAN-LOGAN EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

519 GANOUS RD
PANAMA CITY BEACH FL 32407

Mailing Address

P.O. BOX 18009
PANAMA CITY BEACH FL 32407

2. Principal Place of Business

519 GANOUS Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Panama City Bd FL

City & State

Zip

Country

32413

USA

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

TITLE DP
NAME SNOW, CATHY
STREET ADDRESS 519 GANOUS RD
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Delete

TITLE DS
NAME SNOW, GREG
STREET ADDRESS 519 GANOUS RD
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Delete

TITLE DV
NAME MITCHELL, Nanci
STREET ADDRESS 310 EVERGREEN ST
CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete

TITLE DT
NAME MITCHELL, DONOVAN
STREET ADDRESS 310 EVERGREEN ST
CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete

TITLE D
NAME COWEN, HAL C DR
STREET ADDRESS 187 MARYLAND AVE
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

TITLE D
NAME BOTTORF, CAROLYN
STREET ADDRESS 6116 N STAR DR
CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90294 040 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4-30-2003

233-667