

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# N98000006927

Entity Name: LOGOS CHRISTIAN ACADEMY, INC.

**Current Principal Place of Business:**

828 E 7TH AVE  
MT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1145  
SORRENTO, FL 32776

**New Mailing Address:**

FEI Number: 59-3562298      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAIR, ROBERT D C.P.A.  
828 EAST 7TH AVENUE  
MT DORA, FL 32757      US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HAIR, ROBERT D  
Address: 828 EAST 7TH AVE.  
City-St-Zip: MT DORA, FL 32757

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

Title: SAD      ( ) Delete  
Name: HAIR, TAMMY  
Address: 828 EAST 7TH AVE.  
City-St-Zip: MT DORA, FL 32757

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

Title: ABD      ( ) Delete  
Name: PEARSON, LARRY REVEREN  
Address: P.O. BOX 168  
City-St-Zip: MCINTOSH, FL 32664

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMMY P. HAIR

SAD

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date