

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007312

FILED
Mar 27, 2007
Secretary of State

Entity Name: LOGION INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

630 E 19TH STREET
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

PO BOX 701365
SAINT CLOUD, FL 34770

New Mailing Address:

FEI Number: 65-0885715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEEVER, GLORIA
12522 NW 57TH CT
CORAL SPRINGS, FL 33076 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: PD () Delete
Name: CHEEVER, GLORIA W
Address: 10770 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: BONDS, CONZELLAS G JR.
Address: 10770 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: BONDS, SHARON
Address: 10770 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: WILCOX, CYNTHIA
Address: 10770 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: WILCOX, ALBERT
Address: 6596 S WISSCO DR
City-St-Zip: ORLANDO, FL 32822

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:

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: SHARON BONDS

SD

03/27/2007

Electronic Signature of Signing Officer or Director

Date