

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007312

FILED
Jan 20, 2009
Secretary of State

Entity Name: LOGION INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1929 S KIRKMAN RD
137
ORLANDO, FL 32811

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
6341 ROLDEN RD
MOUNT DORA, FL 32757 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: 6341 ROLDEN CT
City-St-Zip: MOUNT DORA, FL 32757

Title: VD () Delete
Name: BONDS, CONZELLAS G JR.
Address: 1929 S KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: BONDS, SHARON
Address: 1929 S KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: WILCOX, CYNTHIA
Address: 5927 LEE VISTA BLVD APT102
City-St-Zip: ORLANDO, FL 32822

Title: T () Delete
Name: WHITTED, CHRISTOPHER
Address: 5927 LEE VISTA BLVD APT102
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: TD (X) Change () Addition
Name: WHITTED, CHRISTOPHER
Address: 5927 LEE VISTA BLVD APT102
City-St-Zip: ORLANDO, FL 32822

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: SHARON BONDS

SD

01/20/2009

Electronic Signature of Signing Officer or Director

Date