2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005964

1. Entity Name
HOLY LOGOS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3209-A N. ARMENIA AVENUE TAMPA, FL 33607	3209-A N. ARMENIA AVENUE TAMPA, FL 33607

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01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3608001
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOHNNY
4020 W. CASS STREET
TAMPA, FL 33609

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORTIZ, LUIS M
STREET ADDRESS	4020 W. CASS STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	DEL CASTILLO, RAMON
STREET ADDRESS	3209 N. ARMENIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	AMARO, JOSE A
STREET ADDRESS	4847 N. MELTON AVE., APT. 205
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80086-011 61.25

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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: Jose A. Amaro Jose A. Amaro D. 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #