## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DIVISION OF CONTROL OF CONTR

CHURCH OF LOGIC, INC.

Principal Place of Business

Mailing Address

641 Bayou Blvd. Pensaco 19, FL 32503

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90035 006 \*\*\*150.00

DO NOT	WRITE IN	I THIS	SPACE

Applied For
Not Applicable

\$8.75 Additional
Fee Required

3. Date Incorporated or Qualifed

22)								
City & Stat	nsacola, FL 28 Pensac	019	j	7	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 2~	Country Zip 5713	Cou	ıntr <del>y</del>		8. This corporation owes the curre	nt year Inta	<u> </u>	m.
24		30	1		Personal Property Tax.	1-44	Yes	□ No
	9. Name and Address of Current Registered Agent		1		10. Name and Address of New R	egistered /	Agent	
-	John C Pallety		81	Name				
Call Box OL Brid			82 3	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
	691 1000 131W.		83					
John G. Ralls Jr. 641 Bayou Brvd. Pensalda, Fl 32503			84 (			FL 85 Zip Code		
11 Dureuant	to the provisions of Sections 607 0502 and 607 1508. Florida Statute	s, the al	bove-n	amed cor	rporation submits this statement for the r	ourpose of	changing its	registered
office or r	egistered agent, or both, in the State of Florida. Such change was at	ıthorized	d by the	corpora	tion's board of directors. I hereby accept	the appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Flor	ida Statu	utes.					
SIGNATURE	NOTE:	O+-1-+d			and who a minutation	DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS	13.	Agent Si	gnature requi	red when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	OFFICERS AND DIRECTORS	1.1 717	T.F.	T	7,55111011070117111020110011	.52	Change	Addition
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CITY-ST-ZIP		1.4 CIT	TY-ST-Z	P				
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CITY-ST-ZIP TITLE	DELETE	6.1 TIT		$\dashv$			☐ Change	Addition
NAME		6.2 NA	AME					_
STREET ADDRESS		6.3 ST	TREET AD	ORESS				
CITY-ST-ZIP		6.4 CIT	TY-ST-Z	P				
	certify that the information supplied with this filing does not qualify for	the exer	mption	stated in	Section 119.07(3)(i) Florida Statutes, I	further cert	ify that the i	nformation

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-H-99

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