

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90077 018 ****61.25

DOCUMENT # N04000011665

1. Entity Name
RUNAWAY WITH WORDS, INC.



Principal Place of Business
**3682 BILTMORE AVE
TALLAHASSEE, FL 32311**

Mailing Address
**3682 BILTMORE AVE
TALLAHASSEE, FL 32311**

50021383



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
76-0727880

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDNER, JOANN
3682 BILTMORE AVE
TALLAHASSEE, FL 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GARDNER, JOANN CHAIRMA**
STREET ADDRESS **3682 BILTMORE AVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CAMPBELL, RICK VC**
STREET ADDRESS **444 WINDING CREEK RD**
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITEHEAD, RAMONA**
STREET ADDRESS **3402 ONTARIO RD**
CITY-ST-ZIP **MARIANNA, FL 32448**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **NEFF, CARISSA**
STREET ADDRESS **1263 LOVERS CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **KING, CINDY**
STREET ADDRESS **830 E PARK AVE APT 118**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KANTROWITZ, DANA**
STREET ADDRESS **468 RICHVIEW PARK CIR E**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joann Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/05
Date

**(850)
942-4707**
Daytime Phone #