

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011665

FILED
Feb 25, 2008
Secretary of State

Entity Name: RUNAWAY WITH WORDS, INC.

Current Principal Place of Business:

DEPARTMENT OF ENGLISH
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306

New Principal Place of Business:

Current Mailing Address:

3682 BILTMORE AVENUE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 76-0727880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, JOANN CHAIR
3682 BILTMORE AVE
TALLAHASSEE, FL 32311 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: DR. () Delete
Name: GARDNER, JOANN CHAIR
Address: 3682 BILTMORE AVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: DR. () Delete
Name: CAMPBELL, RICK VC
Address: 444 WINDING CREEK RD
City-St-Zip: QUINCY, FL 32351

Title: MRS. () Delete
Name: WHITEHEAD, RAMONA DIR
Address: 3402 ONTARIO RD
City-St-Zip: MARIANNA, FL 32448

Title: MS. () Delete
Name: NEFF, CARISSA PRES
Address: 1263 LOVERS CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: MS. () Delete
Name: KING, CINDY VP
Address: 316 CHERRY STREET
City-St-Zip: AUBURN, AL 36830

Title: MS. () Delete
Name: WROZYNSKI, DOMINIKA SEC.
Address: 2039 NORTH MERIDIAN RD. APT. #111
City-St-Zip: TALLAHASSEE, FL 32303

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
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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 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: JOANN GARDNER

DR.

02/25/2008

Electronic Signature of Signing Officer or Director

Date