


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 004 ****61.25

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # N06000002314 1. Entity Name 4 RUNNERS 4 HIM MINISTRY, INC. | | | |  | |
| Principal Place of Business 11708 SW 122 STREET GAINESVILLE, FL 32608 | | | | Mailing Address 11708 SW 122 STREET GAINESVILLE, FL 32608 | |
| 2. Principal Place of Business - No P.O. Box # NA | | 3. Mailing Address 11708 SW 122 ST | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Gainesville | | | |
| City & State | | City & State Gainesville, FL | | | |
| Zip | Country | Zip 32608 | Country USA | 4. FEI Number | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MCCULLARS, SYLVIA 11708 SW 122 STREET GAINESVILLE, FL 32608 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | D MCCULLARS, SYLVIA 11708 SW 122 STREET GAINESVILLE, FL 32608 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DUKE, STEVE 20810 SW 46 AVENUE NEWBERRY, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VINCIGARA, DEBBIE 5158 SILVERLAKE DRIVE PALATKA, FL 32177 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sylvia McCullars, Sylvia McCullars 4/18/07 352-493-60408-3 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

cell 352 231-2858

ATTACHMENT
40084273
#N06000002314

I was told
on the phone
if there are no
changes - I have
return. I need
not yet find
a tot - email, but
no/monica, are
at this time!
email is

TH M
small D
mcCallis at leavy, K12, FL, US

352-493-6040 ext 263
m-f 8-3

352-495-5826
Home 4 —

Thanks
Sara McCallis