2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 03, 2008 8:00 am Secretary of State

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DOCUMENT # N0600002314 1. Entity Name 4 RUNNERS 4 HIM MINISTRY, INC.							07-03-20	08 90015 (002 ****	61.25	
Principal Place 11708 SW 12 GAINESVILLE	22 STREET		11	illing Address 1708 SWIZZ ST AINESVILLE, FL 326		(11.	51.	, , , , , , , , , , , , , , , , , , ,	ndin ndir balla lis	18 ki r i likil s il	
2. Principal D	to on of Busin	ness - No P.O. Box	. 4 2 4	Sylvi,	a Mc	<u>lullal</u>	145				
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Suite, Apt.	#, etc.			Suite, Apt. #, etc.			06032008	Chg-NP	CR2E03	7 (12/06)	
City & State		L, H		City & State	ille	FΙ	4. FEI Number	PLICABLE		<u> </u>	plied For t Applicable
324	08	Country	SA	32608	Country	USA	5. Certificate of	of Status Desired		\$8.75 Add ee Required	
	6. Name	and Address of	Current Regist	ered Agent		lame	7. Name and	Address of New	Registered A	gent	
MCCULLARŠ, SYLVIA						s (P.O. Box Numbe	r is Not Accepta	ble)			
GAINESVI				Street Address (
					C	City				Zip Code	
9. The above	named optit	hi cultimite this state	amost for the n	urpose of changing i		-	tered agent, or both	n in the State of	FL Florida Lam f	amiliar with	and accept
	tions of regis		ament for the p	orpose of changing (is legistered o	Anica or regist	tered agent, or ooti	i, in the State of	rionas, rami	armar witt,	and accopt
CICNIATURE											
SIGNATURE .	Signature, typed	d or printed name of regist	lered agent and title it	f applicable. (NC	TE; Registered Age	ant signatura requir	ired when reinstating)		DATE		
	Filing Fe	d or printed name of registed to the desired to the		9. Election Ca	ampaign Finar Contribution.	ncing _	\$5.00 May Be Added to Fees	e FI	DATE Make check orida Depart		
	Filing Fe	ee is \$61.25 ptember 12, 2		9. Election Ca Trust Fund	ampaign Finar	ncing	\$5.00 May Be	FI	Make check orida Depart	ment of St	tate
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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 autochment with an address, with all other like empowered.

SIGNATURE:

SIGNIURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #