

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N37227** (8)
1. Corporation Name
RUNNERS FOR CHRIST, INC.



Principal Place of Business C/O DAVID L. MORRIS 8173 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244	Mailing Address C/O DAVID L. MORRIS 8173 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244-4875
---	--

3. Date Incorporated or Qualified 03/23/1990	3a. Date of Last Report 03/13/1996
4. FEI Number 59-3019813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 DAVID L. MORRIS Suite, Apt. #, etc. 22 8856 IRONGATE DRIVE City & State 23 JACKSONVILLE, FL Zip 24 32244	2a. Mailing Address 26 DAVID L. MORRIS Suite, Apt. #, etc. 27 8856 IRONGATE DRIVE City & State 28 JACKSONVILLE, FL Zip 29 32244
---	--

9. Name and Address of Current Registered Agent MORRIS, DAVID L. 8173 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244	10. Name and Address of New Registered Agent 81 Name MORRIS, DAVID L. 82 Street Address (P.O. Box Number is Not Acceptable) 8856 IRONGATE DRIVE 83 84 City JACKSONVILLE FL 85 Zip Code 32244
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE David L. Morris President DAVID L. MORRIS 3-27-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DAVID L.	1.2 NAME	MORRIS, DAVID L.
STREET ADDRESS	8173 CUMBERLAND GAP TR.	1.3 STREET ADDRESS	8856 IRONGATE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, WILLIAM E. SR.	2.2 NAME	
STREET ADDRESS	4857 APPLETON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLINGHAM, FREDDY	3.2 NAME	
STREET ADDRESS	8112 JOFFRE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAN, DON	4.2 NAME	
STREET ADDRESS	1814 DEAN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, HARLOD G.	5.2 NAME	
STREET ADDRESS	6968 SENECA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOTT, DONALD	6.2 NAME	
STREET ADDRESS	2006 ORLEAN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David L. Morris President DAVID L. MORRIS 3-27-97 904-777-6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008504

CR2E037 (9/96)