


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N37227

1. Entity Name
RUNNERS FOR CHRIST, INC.



Principal Place of Business C/O DAVID L. MORRIS 8856 IRONGATE DRIVE JACKSONVILLE, FL 32244 US	Mailing Address C/O DAVID L. MORRIS 8856 IRONGATE DRIVE JACKSONVILLE, FL 32244 US
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07012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent

**MORRIS, DAVID L.
8856 IRONGATE DRIVE
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRIS, DAVID L. 8856 IRONGATE DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTIS, WILLIAM E. SR. 4857 APPLETON AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLAND, BEN 6779 GRACE CIRCLE N JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDMAN, DON 1814 DEAN ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STILES, GARY 4754 MAPLEWOOD CT CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000371495
07/08/05-80004-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David L. Morris* **7-6-05** **904-777-6130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #