2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 12, 2006 8:00 am Secretary of State

1. Entity Name	NT # N37227				06-12-2006	5 90003 012 ****(61.25
RUNNERS FOR CHRIST, INC.							
C/O DAVID L. MORRIS C/O 8856 IRONGATE DRIVE 885						- 71 Jilooy Babay Bayan Albay Bayay Bayay Bay	1711 81 3 3 J es l
2. Principal Place of Business 3. Ma		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (4/06)	
City & State		City & State		4. FEI Numb 59-301	er 9813	├	oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require	
6, 1	Name and Address of Current F	Registered Agent		7. Name and	Address of New R	Registered Agent	
MORRIS, DAVID L.				Name Street Address (P.O. Box Number is Not Acceptable)			
8856 IRONGATE DRIVE JACKSONVILLE, FL 32244				Nouress (F.O. Box Millio	er is Not Acceptable		
			City		**	FL Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered off				r registered agent, or bo	th, in the State of Fk	· —	and accent
SIGNATURE	e, typed or printed name of registered agent a	and title if applicable. (NO	 TE: Registered Agent signat	ture required whon reinstating)		DATE	
	g Fee is \$61.25 September 6, 2006	L	ampaign Financing Contribution.	\$5.00 May to Added to Fees		lake check payable t ide Department of S	
Due by	•	Trust Fund	, -	Added to Fees	Flor		late
10.	September 6, 2006 OFFICERS AND DIR	Trust Fund	Contribution.	Added to Fees	Flor	rida Department of S	late
10. TITLE PD NAME MOR STREET ADDRESS 8856	September 6, 2006	Trust Fund	Contribution.	Added to Fees	Flor	ida Department of S RS AND DIRECTORS IN	tate
10. TITLE PD NAME MOR STREET ADDRESS 8856	OFFICERS AND DIR RRIS, DAVID L. I RONGATE DRIVE	Trust Fund	11. TITLE NAME STREET ADDRESS	Added to Fees	Flor	Ida Department of S	i 10 Addition
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Due by 10. TITLE PD NAME 8856 CITY-ST-ZIP JACH TITLE D NAME CUR' STREET ADDRESS 4857	OFFICERS AND DIR RRIS, DAVID L. RRONGATE DRIVE KSONVILLE, FL TIS, WILLIAM E. SR. APPLETON AVE.	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Flor	Ida Department of S	i 10 Addition
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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:

SIGNATURE AND TYPED DRAFFINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-06

904-777-6130

Daytma Phone #