

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90007 008 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000002872**

1. Corporation Name

**RUN ON OUTREACH CHURCH OF CHRIST INC.**

Principal Place of Business

2506 CHESTNUT WOODS DR  
LAKELAND FL 33815

Mailing Address

2506 CHESTNUT WOODS DR  
LAKELAND FL 33815



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3508667	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

SANCHEZ, WILFRED JR.  
2506 CHESTNUT WOODS DR  
LAKELAND FL 33815

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE "ND" ASST. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME Preston I. GUNN	
STREET ADDRESS		1.3 STREET ADDRESS 705 E. Magnolia	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Lakeland, Florida, 33801	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE "T" Treasurer, Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME TANGIA GUNN	
STREET ADDRESS		2.3 STREET ADDRESS 705 E. Magnolia	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Lakeland, Florida, 33801	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE "T" SECRETARY, TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME TIFFINI SANCHEZ	
STREET ADDRESS		3.3 STREET ADDRESS 2506 Chestnut Woods Dr	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Lakeland, Florida, 33815	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE "T" Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Glazella Murray	
STREET ADDRESS		4.3 STREET ADDRESS 1689 S. Central Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Apopka, Florida, 32703	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

**SIGNATURE:** Wilfred Sanchez Jr. **WILFRED SANCHEZ JR.** 9-7-99 (944) 683-7096