

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002872

1. Entity Name

RUN ON OUTREACH CHURCH OF CHRIST INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90002 050 ****70.00

Principal Place of Business

2506 CHESTNUT WOODS DR
 LAKELAND FL 33815

Mailing Address

2506 CHESTNUT WOODS DR
 LAKELAND FL 33815-3429

2. Principal Place of Business

32 West Fourth ST

3. Mailing Address

1160 South Hawthorne

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka, FL

City & State

Apopka FL DI

4. FEI Number

59-3508667

Applied For

Not Applicable

Zip

32703

Country

ORANGE

Zip

32703

Country

ORANGE

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Horace Deloney

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

1160 South Hawthorne Ave.

City

Apopka

FL

Zip Code

32703

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.

SIGNATURE

Horace Deloney

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-9-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDAD GUNN, PRESTON-I 705 E. MAGNOLIA LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUNN, TANGLA 705 E. MAGNOLIA LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TST SNACHEZ, TIFFINI 2506 CHESTNUT WOODS DRIVE LAKELAND FL 33815	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, GIAZELLA 1689 SOUTH CENTRAL AVENUE APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILFRED SANCHEZ 26 LINCOLN AVE Eatonville FLA, 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IDA DAVIS 1960 ROGERS AVE MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

Horace Deloney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Horace Deloney 407 880 2148

CR2E037 (9/99)