

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002872

FILED
Apr 29, 2004
Secretary of State

Entity Name: RUN ON OUTREACH CHURCH OF CHRIST INC.

Current Principal Place of Business:

32 W FOURTH STREET
APOPKA, FL 32703

New Principal Place of Business:

726 NORTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

Current Mailing Address:

1160 S HAWTHORNE
APOPKA, FL 32703

New Mailing Address:

P.O. BOX 897
PLYMOUTH, FL 32768

FEI Number: 59-3508667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELONEY, HORACE
1160 SOUTH HAWTHORNE AVE
APOPKA, FL 32703

Name and Address of New Registered Agent:

DELONEY, HORACE
3312 WARREN SAPP DRIVE
P.O. BOX 897
PLYMOUTH, FL 32768

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

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DAVIS, SOPHRONIA
Address: 1960 ROGERS AVE
City-St-Zip: MAITLAND, FL 32751

Title: TST () Delete
Name: DAVIS, TAMMY
Address: 1960 ROGERS AVE
City-St-Zip: MAITLAND, FL 32751

Title: MDAD () Delete
Name: MURRAY, GIAZELLA
Address: 1689 SOUTH CENTRAL AVENUE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TST (X) Change () Addition
Name: WILSON, JANCIE
Address: 1160 S HAWTHORNE AVE
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLAZELLA MURRAY

MDAD

04/29/2004

Electronic Signature of Signing Officer or Director

Date