

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002872

1. Entity Name

RUN ON OUTREACH CHURCH OF CHRIST INC.



Principal Place of Business

726 NORTH ORANGE BLOSSOM TRAIL
APOPKA FL 32703

Mailing Address

P.O. BOX 897
PLYMOUTH FL 32768



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3508667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DAVIS, SOPHRONIA
STREET ADDRESS 1960 ROGERS AVE
CITY-STATE-ZIP MAITLAND FL 32751

☐ Change ☐ Addition
U00000376359
08/15/05-80002-009 \$1.25

TITLE ☐ Delete
NAME WILSON, JANCIE
STREET ADDRESS 1160 S HAWTHORNE AVE
CITY-STATE-ZIP APOPKA FL 32703

☐ Change ☐ Addition

TITLE ☐ Delete
NAME MURRAY, GIAZELLA
STREET ADDRESS 1689 SOUTH CENTRAL AVENUE
CITY-STATE-ZIP APOPKA FL 32703

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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: *Horace Deloney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/05

DATE

407-880-2143

DAYTIME PHONE #