2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2006 8:00 am Secretary of State DOCUMENT # N98000002872 1. Entity Name 05-03-2006 90209 013 ****61.25 RUN ON OUTREACH CHURCH OF CHRIST INC. Principal Place of Business Mailing Address 726 NORTH ORANGE BLOSSOM TRAIL P.O. BOX 897 APOPKA FL 32703 PLYMOUTH FL 32768 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CB2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3508667 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELONEY, HORACE Street Address (P.O. Box Number is Not Acceptable) 3312 WARREN SAPP DRIVE P.O. BOX 897 PLYMOUTH FL 32768 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change DAVIS, SOPHRONIA NAME NAME 1960 ROGERS AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MAITLAND FL 32751 CITY-ST-ZIP TST TITLE ☐ Delete THE Change ☐ Addition WILSON, JANCIE NAME NAME STREET ADDRESS 1160 S HAWTHORNE AVE STREET ADDRESS CITY-ST-70 APOPKA FL 32703 CITY-ST-ZIP FITLE ☐ Change Addition ffftt Thelere MURRAY, GIAŻELLA STREET ADDRESS 1689 SOUTH CENTRAL AVENUE STREET ADDRESS APOPKA FL 32703 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

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FILED