

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90005 034 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 fee (if applicable)

(NOTE: Registered Agent signature and address are not required)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: **Horace Deloney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/08 321-279-4224**

Date

Daytime Phone #