


# 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

<b>DOCUMENT # N98000002872</b>	
1. Entity Name <b>RUN ON OUTREACH CHURCH OF CHRIST INC.</b>	

Principal Place of Business <b>726 NORTH ORANGE BLOSSOM TRAIL APOPKA FL 32703</b>	Mailing Address <b>P.O. BOX 897 PLYMOUTH FL 32768</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number <b>59-3508667</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>DELONEY, HORACE 3312 WARREN SAPP DRIVE P.O. BOX 897 PLYMOUTH FL 32768</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature and address are not required.)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SOPHRONIA	NAME	
STREET ADDRESS	1960 ROGERS AVE	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	CITY-ST-ZIP	
TITLE	TST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JANCIE	NAME	
STREET ADDRESS	1160 S HAWTHORNE AVE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
TITLE	MDAD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, GIAZELLA	NAME	
STREET ADDRESS	1689 SOUTH CENTRAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
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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.

SIGNATURE: Horace Deloney 4/24/08 321-279-4224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #