

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000002872

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** RUN ON OUTREACH CHURCH OF CHRIST INC.

**Current Principal Place of Business:**

726 NORTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**New Principal Place of Business:**

1689 S CENTRAL AVE  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 897  
PLYMOUTH, FL 32768

**New Mailing Address:**

1689 S CENTRAL AVE  
APOPKA, FL 32703

**FEI Number:** 59-3508667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MURRAY, GLAZELLA  
1689 S CENTRAL AVE  
APOPKA, FL 32703 US

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: GLAZELLA MURRAY

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: WILSON, JANICE  
Address: 1160 S HAWTHORNE AVE  
City-St-Zip: APOPKA, FL 32703

Title: TST  
Name: WILSON, JANCIE  
Address: 1160 S HAWTHORNE AVE  
City-St-Zip: APOPKA, FL 32703

Title: MDAD  
Name: MURRAY, GLAZELLA  
Address: 1689 SOUTH CENTRAL AVENUE  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: GLAZELLA MURRAY

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02/25/2011

Electronic Signature of Signing Officer or Director

Date