


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004507		
1. Entity Name RIVER RUN CHRISTIAN CHURCH INCORPORATED		
Principal Place of Business 141 RIVER RUN POINT CHULUOTA, FL 32766	Mailing Address 141 RIVER RUN POINT CHULUOTA, FL 32766	



01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3518309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDRIANO, MICHAEL 141 RIVER RUN POINT CHULUOTA, FL 32766	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000346557
05/30/08-80052-013 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIR, SID 3055 RIVER BROOK DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P RUSSELL, TODD 1013 SILCOX BRANCH OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALTON, ROBERT 1825 BRUMLEY ROAD CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T ANDRIANO, MICHAEL 900 LINGO CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Michael Andriano Secretary 2-7-08 40977-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #