

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001931

1. Entity Name

RUNNING FOR JESUS OUTREACH MINISTRY INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90164 045 ****70.00

Principal Place of Business

9412 NORFOLK BLVD.
 JACKSONVILLE FL 32208

Mailing Address

9412 NORFOLK BLVD.
 JACKSONVILLE FL 32208-1714

2. Principal Place of Business

2959 Edison Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FLA

City & State

4. FEI Number

59-3571535

Applied For

Not Applicable

Zip

Country

32254

DUVAL

Zip

Country

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

BRIGMAN, KELVIN
 9412 NORFOLK BLVD.
 JACKSONVILLE FL 32208

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.

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRIGMAN, KELVIN	
STREET ADDRESS	9412 NORFOLK BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	BRIGMAN, TONYA	
STREET ADDRESS	9412 NORFOLK BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WRIGHT, ROSA	
STREET ADDRESS	9412 NORFOLK BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *K. Brigman* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 (904) 768-1116

Date

Daytime Phone #

CR2E037 (9/99)