

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001931

1. Entity Name

RUNNING FOR JESUS OUTREACH MINISTRY INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90010 002 ****70.00

Principal Place of Business

2959 EDISON AVENUE
JACKSONVILLE FL 32254

Mailing Address

2959 EDISON AVENUE
JACKSONVILLE FL 32254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3571535

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

(904)768-1116

Date

Daytime Phone #

CR2E037 (10/00)