

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006964

**Entity Name:** OPERATION END RUN FOUNDATION, INC.**Current Principal Place of Business:**616 SANCTUARY ROAD  
NAPLES, FL 34120-4837**Current Mailing Address:**616 SANCTUARY ROAD  
NAPLES, FL 34120-4837 US**FEI Number: 81-5321764****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, DOUGLAS L  
616 SANCTUARY ROAD  
NAPLES, FL 34120-4837 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT, DIRECTOR  |
| Name            | WILSON, DOUGLAS L    |
| Address         | 616 SANCTUARY ROAD   |
| City-State-Zip: | NAPLES FL 34120-4837 |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER, DIRECTOR   |
| Name            | WITHERS, LESLIE       |
| Address         | 319 MEAD RD           |
| City-State-Zip: | DECATUR GA 30030-3626 |

|                 |                         |
|-----------------|-------------------------|
| Title           | SECRETARY, DIRECTOR     |
| Name            | BUCHNER, CLARK A        |
| Address         | 975 NORTH GRAHAM STREET |
| City-State-Zip: | MEMPHIS TN 38122-2401   |

|                 |  |
|-----------------|--|
| Title           | VP, DIRECTOR                                     |
| Name            | LEHRFELD, BETSY                                  |
| Address         | SWANKIN & TURNER<br>1601 18TH STREET, NW SUITE 4 |
| City-State-Zip: | WASHINGTON DC 20009                              |

*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: DOUGLAS L. WILSON****PRESIDENT****03/03/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date