## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001263

Entity Name: MILES OF HELP THROUGH CHRIST INC

**Current Principal Place of Business:** 

6747 OMAN CT ORLANDO. FL 32809

**Current Mailing Address:** 

**6747 OMAN CT** 

ORLANDO. FL 32809 US

FEI Number: 27-1860754 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTINEZ, AUGUSTIN 6747 OMAN CT ORLANDO, FL 32809 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 Title TREASURER

Name MARTINEZ, AUGUSTIN JR CHAPLAIN Name RIVERO, LAURA CHAPLAIN

Address 6747 OMAN CT Address 5950 LAKEHURST DR SUITE 242

City-State-Zip: ORLANDO FL 32809 City-State-Zip: ORLANDO FL 32819

Title INTERIM SECRETARY Title DIRECTOR OF HOMELESS

Name HUERTAS, DESIRE OUTREACH
Name SOTO, NOEMI

Address 1023 VALENCIA TOWN TERRACE APT

207 Address 1023 VALENCIA TOWN TERRACE APT 207

City-State-Zip: ORLANDO FL 32825

City-State-Zip: ORLANDO FL 32825

Title DIRECTOR OF PUBLIC RELATIONS

Name SHARON, FERRER CHAPLAIN

Address 4636 SALVIA DR

City-State-Zip: ORLANDO FL 32839

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: AUGUSTIN MARTINEZ PRESIDENT 04/05/2013

FILED Apr 05, 2013

**Secretary of State** 

CC1667913742