

2022 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	TREASURER
Name	MARTINEZ, AUGUSTIN JR CHAPLAIN
Address	6747 OMAN CT
City-State-Zip:	ORLANDO FL 32809

Title	VP
Name	LUENGAS, JAMEIST
Address	5578 METROWEST BLVD APT 103
City-State-Zip:	ORLANDO FL 32811

Title	WEB & SOCIAL MEDIA DIRECTOR
Name	MARTINEZ, VINCENT
Address	3707 PEACEFUL PLACE
City-State-Zip:	ORLANDO FL 32810

Title	PRESIDENT
Name	RODRIGUEZ, MELISSA
Address	2530 SKAN CT
City-State-Zip:	ORLANDO FL 32839

Title	SECRETARY
Name	PIETRI, MAYRA
Address	3226 GROUSE AVE
City-State-Zip:	KISSIMMEE FL 34744

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**TREASURER****04/28/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date