

**2021 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  
Name            MARTINEZ, AUGUSTIN JR CHAPLAIN  
Address        6747 OMAN CT  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR OF SPANISH &  
                         PORTUGUESE AFFAIRS  
Name            RIVERO, LAURA CHAPLAIN  
Address        1691 SOUTH WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL 32780

Title            BOARD SECRETARY  
Name            LUENGAS, JAMEIST  
Address        2047 DIXIE BELLE DR  
                         APT M  
City-State-Zip: ORLANDO FL 32812

Title            EXECUTIVE DIRECTOR OF  
                         CHANGING ROOMS U.S.A.  
Name            PALOMA, MARTINEZ  
Address        6747 OMAN CT  
City-State-Zip: ORLANDO FL 32809

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

Title            CULINARY DIRECTOR  
Name            REYES, ALEXIS CHEF  
Address        16450 BLOOM CT  
City-State-Zip: GROVELAND FL 34736

Title            DIRECTOR OF FINANCE  
Name            OWENS, MARIOLA  
Address        810 ESCAMBIA DR  
City-State-Zip: SANFORD FL 32771

Title            DIRECTOR OF MARKETING  
Name            LEWIS, JENNIFER  
Address        5 SUNFLOWER STREET  
                         APT 15  
City-State-Zip: COCOA BEACH FL 32931

**Continues on page 2**

*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**

**01/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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