## 2018 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

**FILED** Mar 20, 2018

**Secretary of State** 

CC0399593387

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** 

MARTINEZ, AUGUSTIN JR CHAPLAIN RIVERO, LAURA CHAPLAIN Name Name 6747 OMAN CT Address 5950 LAKEHURST DR SUITE 242 Address

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

Title HOMELESS OUTREACH Title **BOARD SECRETARY** 

Name SOTO, NOEMI Name VELEZ, ANN M Address 6747 OMAN CT Address 1785 WILLA CIRCLE

ORLANDO FL 32809 City-State-Zip: City-State-Zip: WINTER PARK FL 32792

Title EXECUTIVE DIRECTOR OF

CHANGING ROOMS U.S.A.

Name PALOMA, MARTINEZ

Address 6747 OMAN CT

City-State-Zip: ORLANDO FL 32809

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.

03/20/2018 SIGNATURE: AUGUSTIN MARTINEZ **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date