

**2017 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            TREASURER  
Name            RIVERO, LAURA CHAPLAIN  
Address        5950 LAKEHURST DR SUITE 242  
City-State-Zip: ORLANDO FL 32819

Title            BOARD SECRETARY  
Name            SANTOS, RUTH  
Address        647 ARROW LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            HOMELESS OUTREACH  
Name            SOTO, NOEMI  
Address        6747 OMAN CT  
City-State-Zip: ORLANDO FL 32809

Title            POLITICAL AND MEDIA RELATIONS  
Name            QUIROZ, TRINI  
Address        11305 SPINNING REEL CIR.  
City-State-Zip: ORLANDO FL 32825

*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**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date