

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001898

FILED
Apr 27, 2004
Secretary of State**Entity Name:** THE MATTHEW CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**7331 OFFICE PARK PLACE
SUITE 200
VIERA, FL 32940**New Principal Place of Business:****Current Mailing Address:**7331 OFFICE PARK PLACE
SUITE 200
VIERA, FL 32940**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EULER, TINA L
600 JUBILEE ST
MELBOURNE, FL 32940 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: RENFRO, R MIKE
Address: 7331 OFFICE PARK PLACE STE 200
City-St-Zip: VIERA, FL 32940**Title:** D () Delete
Name: RENFRO, MARY R
Address: 7331 OFFICE PARK PLACE STE 200
City-St-Zip: VIERA, FL 32940**Title:** D () Delete
Name: EULER, ERNIE C
Address: 7331 OFFICE PARK PLACE STE 200
City-St-Zip: VIERA, FL 32940**Title:** D () Delete
Name: EULER, TINA L
Address: 7331 OFFICE PARK PLACE STE 200
City-St-Zip: VIERA, FL 32940**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: R MIKE RENFRO

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date