

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90205 004 ****61.25

DOCUMENT # N06000005062 1. Entity Name MATHETES REDEMPTION MINISTRIES, INC.			
Principal Place of Business 1900 SR 64 WEST AVON PARK FL 33825		Mailing Address 1900 SR 64 WEST AVON PARK FL 33825	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8120 Suite, Apt. #, etc.	
City & State Sebring, Florida		4. FEI Number 76-0832102	
Zip 33872	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES F. MCCOLLUM, P.L. 129 SOUTH COMMERCE AVENUE SEBRING FL 33870		7. Name and Address of New Registered Agent Name Kathy Ridenour Street Address (P.O. Box Number is Not Acceptable) 127 KAROLA DR. City Sebring FL Zip Code 33870	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Kathy Ridenour <i>Kathy Ridenour</i> 4/17/2007 Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CEOD GARCIA, CANDIDO 4221 CAPRI ST SEBRING FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Nelson, Charlie 1800 TACONIC Rd Avon Park, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CEOD HALL, PRYOR W ASST. 1514 FARM RD. SEBRING FL 33876	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Nelson, Hilda 1800 TACONIC Avon Park, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD WILLIAMS, PHYLLIS 110 KAROLA DR. SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RIDENOUR, GEORGE 127 KAROLA DR. SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RIDENOUR, KATHY 127 KAROLA DR. SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SALA, JOHN 117 PASADENA RD. SEBRING FL 33870	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>George Ridenour</i> George Ridenour Director 4/17/2007 (863) 381-3570 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			