

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005062

FILED
May 03, 2008
Secretary of State

Entity Name: MATHETES REDEMPTION MINISTRIES, INC.

Current Principal Place of Business:

1900 SR 64 WEST
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8120
SEBRING, FL 33872

New Mailing Address:

FEI Number: 76-0832102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIDENOUR, KATHY
127 KAROLA DR.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

MORALES, MYRNA
11800 US 27 S.
SEBRING, FL 33876 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: MYRNA MORALES

05/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GARCIA, CANDIDO
Address: 4221 CAPRI ST
City-St-Zip: SEBRING, FL 33872

Title: CEO () Delete
Name: HALL, PRYOR W ASST.
Address: 1514 FARM RD.
City-St-Zip: SEBRING, FL 33876

Title: SD () Delete
Name: WILLIAMS, PHYLLIS
Address: 110 KAROLA DR.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: RIDENOUR, GEORGE
Address: 127 KAROLA DR.
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete
Name: RIDENOUR, KATHY
Address: 127 KAROLA DR.
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete
Name: NELSON, CHARLIE
Address: 1800 TACONIC RD
City-St-Zip: AVON PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GARCIA, MARIA
Address: 2622 W. SOUTHAMPTON RD.
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Change () Addition
Name: MORALES, MYRNA
Address: 11800 US 27S.
City-St-Zip: SEBRING, FL 33876

Title: T (X) Change () Addition
Name: DE LA ROSA, MARIA
Address: 904 S. FLORIDA AVE
City-St-Zip: AVON PARK, FL 33825

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 exemption stated in Chapter 119, 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: MYRNA MORALES

D

05/03/2008

Electronic Signature of Signing Officer or Director

Date