

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005062

**FILED**  
**Apr 26, 2010**  
**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:**

4221 CAPRI ST.  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 76-0832102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORALES, MYRNA  
11800 US 27 S.  
SEBRING, FL 33876 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:** CEO  
**Name:** GARCIA, CANDIDO  
**Address:** 4221 CAPRI ST  
**City-St-Zip:** SEBRING, FL 33872

**Title:** S  
**Name:** GARCIA, MARIA  
**Address:** 2622 W. SOUTHAMPTON RD.  
**City-St-Zip:** AVON PARK, FL 33825

**Title:** D  
**Name:** MORALES, MYRNA  
**Address:** 11800 US 27S.  
**City-St-Zip:** SEBRING, FL 33876

**Title:** T  
**Name:** DE LA ROSA, MARIA  
**Address:** 904 S. FLORIDA AVE  
**City-St-Zip:** AVON PARK, FL 33825

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:** MYRNA MORALES

D

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date