

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008321

Entity Name: THE MATTHEW 25 PROJECT, INC.**Current Principal Place of Business:**1411 N. DEAN ROAD
ORLANDO, FL 32825**Current Mailing Address:**1411 N. DEAN ROAD
ORLANDO, FL 32825 US**FEI Number:** 45-4194977**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLARK, DENISE A
3333 RIDER PLACE
ORLANDO, FL 32817 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	D
Name	MILLS, MARK R
Address	10151 UNIVERSITY BLVD, #365
City-State-Zip:	ORLANDO FL 32817

Title	T
Name	COPELAND, KAREN R
Address	260 PLAZA DRIVE
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	SPAHNLE, STEVE
Address	14155 DEEP LAKE DRIVE
City-State-Zip:	ORLANDO FL 32826

Title	D
Name	MAGDIASZ, JUDY
Address	1071 WEAVER DRIVE
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	CLARK, BRUCE
Address	3333 RIDER PLACE
City-State-Zip:	ORLANDO FL 32817

Title	DIRECTOR
Name	TOUS, JORGE MR.
Address	13818 GINGER CREEK BLVD.
City-State-Zip:	ORLANDO FL 32826

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: BRUCE CLARK**DIRECTOR****06/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date