**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 JAN 23 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11771 (5)

1. Corporation Name
MASTER'S RELIEF FOUNDATION, INC.

Principal Place of Business
2816 ORANOLE WAY
APOPKA FL 32703
US

Mailing Address
2016 ORANOLE WAY
APOPKA FL 32703-7712
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1985
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2626783 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
DRACHENBERG, ROBERT R.
2816 ORANOLE WAY
APOPKA FL 32703

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VTD | 1.1 TITLE | D | [ ] Change [X] Addition |
| NAME | DRACHENBERG, RONALD E. | 1.2 NAME | HODDER, EVELYN R. | |
| STREET ADDRESS | 5180 PALM BEACH BLVD. | 1.3 STREET ADDRESS | 2703 MENDELIN ROAD | |
| CITY-ST-ZIP | FT. MEYERS FL | 1.4 CITY-ST-ZIP | APOPKA, FL | |
| TITLE | ST | 2.1 TITLE | D | [ ] Change [X] Addition |
| NAME | DRACHENBERG, RACHEL | 2.2 NAME | DRACHENBERG, SUSAN | |
| STREET ADDRESS | 2816 ORANOLE WAY | 2.3 STREET ADDRESS | 5180 PALM BEACH BLVD. | |
| CITY-ST-ZIP | APOPKA FL | 2.4 CITY-ST-ZIP | FT. MYERS, FL | |
| TITLE | CPD | 3.1 TITLE | | [ ] Change [ ] Addition |
| NAME | DRACHENBERG, ROBERT R. | 3.2 NAME | | |
| STREET ADDRESS | 2816 ORANOLE WAY | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | APOPKA FL | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | 4.1 TITLE | | [ ] Change [ ] Addition |
| NAME | HODDER, RICHARD G. | 4.2 NAME | | |
| STREET ADDRESS | 2703 MENDELIN ROAD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | APOPKA FL | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | [ ] Change [ ] Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | [ ] Change [ ] Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | SCC 1-25-95 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ January 17, 1995 (407) 298-680
SIGNATURE(S) & TYPE OR PRINT NAME(S) OF OFFICER(S) OR DIRECTOR — Date — Daytime Phone #
R. R. DRACHENBERG, President

0030440