2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 728872

Entity Name: THE MASTERS FIRST ASSOCIATION, INC.

Current Principal Place of Business:

122 FAIRWAY COURT
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

122 FAIRWAY COURT
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-1839917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORIS, RASH
122 FAIRWAY COURT
LAKE PLACID, FL 33852 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: PD ( ) Delete
Name: BURDICK, STEPHEN
Address: 118 FAIRWAY COURT
City-St-Zip: LAKE PLACID, FL 33852

Title: SD ( ) Delete
Name: ARCHAMBAULT, LINDA
Address: 21 SHORELINE DR BOX 561
City-St-Zip: BRACEBRIDGE,ONTARIO, CANADA,

Title: VD ( ) Delete
Name: WERK, LOUIS
Address: 48 OAK SILK
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete
Name: RASH, DORIS
Address: 122 FAIRWAY COURT
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: ELLIOTT, STEPHEN
Address: 112 FAIRWAY COURT
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DORIS RASH T/D 02/17/2009

Electronic Signature of Signing Officer or Director — Date