

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731019

FILED
May 05, 2009
Secretary of State

Entity Name: THE MASTER'S TOUCH MINISTRY, INC.

Current Principal Place of Business:

4510 SOUTEL DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

4510 SOUTEL DRIVE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 51-0188273 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:

WELLS, MICHAEL T
4510 SOUTEL DRIVE
JACKSONVILLE, FL 32208 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: PDC () Delete
Name: CAMPBELL, L. JOYCE
Address: 9901 RIDGE BLVD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD () Delete
Name: LASTER-HUNTER, EDDIE
Address: 11766 E. KINGFISHER LN
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: WELLS, MICHAEL T
Address: 12564 BISCAYNE LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: CHANEY, GINA R
Address: 3825 MARLO STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: TYSON, BEVERLY
Address: 2333 ST. LEGER DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: FORD, BRENDA
Address: 2168 COLLEGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: MICHAEL WELLS

D

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date