

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90126 049 ****61.25

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DOCUMENT # N00000000533

1. Entity Name

THE MASTER'S HANDS MINISTRIES, INC.

Principal Place of Business

**4677 NW 31ST STREET
 OCALA FL 34482**

Mailing Address

**PO BOX 770101
 OCALA FL 34477-0101**

00007036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3619341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
 3150 SANDY RIDGE DRIVE
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

EARL SHARP

Street Address (P.O. Box Number is Not Acceptable)

4677 NW 31ST STREET

City

OCALA

FL

Zip Code

34482

8. 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 **EARL SHARP** *Earl Sharp* **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **SHARP, EARL**
 STREET ADDRESS **4677 NW 31ST STREET**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **D** ☐ Delete
 NAME **SHARP, BARBARA**
 STREET ADDRESS **4677 NW 31ST STREET**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **D** ☐ Delete
 NAME **BILBY, CLAYTON W**
 STREET ADDRESS **526 EMERALD PARK COURT**
 CITY-ST-ZIP **SANTA ROSA CA 95409**

TITLE **D** ☐ Delete
 NAME **RUSS, MICHAEL**
 STREET ADDRESS **9327 PINE**
 CITY-ST-ZIP **TAYLOR MI 48180**

TITLE **D** ☐ Delete
 NAME **MARTIN, ANGE S**
 STREET ADDRESS **201 E. 4TH ST. NO.**
 CITY-ST-ZIP **NEWTON IA 50219**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **CORRECT SPELLING**
 STREET ADDRESS **MARTIN, ANGEL S**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EARL SHARP *Earl Sharp* **REQUIRE EARL SHARP**

Date

Daytime Phone #

1/8/01 352-368-4310

CR2E037 (10/00)