

2002 UNIFORM BUSINESS REPORT (UBR)**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**SHARP, EARL
4677 NW 31ST STREET
OCALA FL 34482**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHARP, EARL
4677 NW 31ST STREET
OCALA FL 34482** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHARP, BARBARA
4677 NW 31ST STREET
OCALA FL 34482** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BILBY, CLAYTON W
526 EMERALD PARK COURT
SANTA ROSA CA 95409** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSS, MICHAEL
9327 PINE
TAYLOR MI 48180** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN, ANGEL
201 E. 4TH ST. NO.
NEWTON IA 50219** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90081 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)