

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90027 022 ****70.00

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	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHARP, EARL 4677 NW 31ST STREET OCALA, FL 34482			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, EARL		NAME		
STREET ADDRESS	4677 NW 31ST STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, BARBARA		NAME		
STREET ADDRESS	4677 NW 31ST STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILBY, CLAYTON W		NAME		
STREET ADDRESS	526 EMERALD PARK COURT		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA, CA 95409		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSS, MICHAEL		NAME		
STREET ADDRESS	9327 PINE		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 48180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, ANGEL		NAME		
STREET ADDRESS	201 E. 4TH ST. NO.		STREET ADDRESS		
CITY-ST-ZIP	NEWTON, IA 50219		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSS, MARILYN		NAME		
STREET ADDRESS	9327 PINE		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 48180		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Earl Sharp</u> PRESIDENT EARL SHARP 3/18/06 352-369-4310 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					