

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90048 040 \*\*\*\*70.00

**DOCUMENT # N00000000533**

1. Entity Name  
THE MASTER'S HANDS MINISTRIES, INC.



Principal Place of Business  
3808 OSPREY POINTE CIRCLE  
WINTER HAVEN, FL 33884

Mailing Address  
3808 OSPREY POINTE CIRCLE  
WINTER HAVEN, FL 33884



01252007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

*CHANGE OF ADDRESS*

*3808 OSPREY POINTE CIRCLE  
WINTER HAVEN, FL 33884*

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHARP, EARL  
STREET ADDRESS 4677 NW 31ST STREET  
CITY-ST-ZIP Ocala, FL 34482

*CHANGE OF ADDRESS*  
Earl Sharp  
3808 Osprey Pointe Cir.  
Winter Haven, FL 33884

TITLE D  
NAME RUSS, MARILYN  
STREET ADDRESS 9327 PINE  
CITY-ST-ZIP TAYLOR, MI 48180

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

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

TITLE D  
NAME MARTIN, ANGEL  
STREET ADDRESS 201 E. 4TH ST. NO.  
CITY-ST-ZIP NEWTON, IA 50219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Earl Sharp* **PRESIDENT - EARL SHARP** 1/25/07 863-324-7636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #