

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000533

FILED
Jan 11, 2008
Secretary of State

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

Current Principal Place of Business:

3808 OSPREY POINTE CIRCLE
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

3808 OSPREY POINTE CIRCLE
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-3619341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, EARL
3808 OSPREY POINTE CR
WINTER HAVEN, FL 33884 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: PD () Delete
Name: SHARP, EARL
Address: 3808 OSPREY POINTE CR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: RUSS, MARILYN
Address: 9327 PINE
City-St-Zip: TAYLOR, MI 48180

Title: D () Delete
Name: BILBY, CLAYTON W
Address: 526 EMERALD PARK COURT
City-St-Zip: SANTA ROSA, CA 95409

Title: D () Delete
Name: RUSS, MICHAEL
Address: 9327 PINE
City-St-Zip: TAYLOR, MI 48180

Title: D () Delete
Name: MARTIN, ANGEL
Address: 201 E. 4TH ST. NO.
City-St-Zip: NEWTON, IA 50219

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:

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: EARL SHARP

PD

01/11/2008

Electronic Signature of Signing Officer or Director

Date