

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000533

FILED  
Mar 20, 2009  
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:**

4677 NW 31ST STREET  
OCALA, FL 34482 US

**Current Mailing Address:**

3808 OSPREY POINTE CIRCLE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

4677 NW 31ST STREET  
OCALA, FL 34482 US

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:**

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

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

03/20/2009

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: PD (X) Change ( ) Addition  
Name: SHARP, EARL  
Address: 4677 NW 31ST STREET  
City-St-Zip: OCALA, FL 34482 US

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

03/20/2009

Electronic Signature of Signing Officer or Director

Date