

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90264 041 *****70.00

DOCUMENT # N00000005352

1. Entity Name
THE MAST BROTHERS MINISTRY, INC.

Principal Place of Business
**20 MEADOWDALE ST
BEVERLY HILLS, FL 34464**

Mailing Address
**20 MEADOWDALE ST
BEVERLY HILLS, FL 34464**

24058710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3708582

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAST, ALLEN D SR
20 MEADOWDALE ST
BEVERLY HILLS, FL 34464**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ALLEN D MAST SR

Allen D Mast Sr

4/26/04

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME MAST, ALLEN D SR
STREET ADDRESS 20 MEADOWDALE ST
CITY-ST-ZIP BEVERLY HILLS, FL 34464

TITLE ☐ Change ☒ Addition
NAME *Richard Edwards*
STREET ADDRESS *5390 W. Pique Dr.*
CITY-ST-ZIP *Beverly Hills, FL 34465*

TITLE VD ☐ Delete
NAME MAST, EMMA A
STREET ADDRESS 20 MEADOWDALE ST
CITY-ST-ZIP BEVERLY HILLS, FL 34464

TITLE ☐ Change ☒ Addition
NAME *Bess Edwards*
STREET ADDRESS *5390 W. Pique Dr.*
CITY-ST-ZIP *Beverly Hills, FL 34465*

TITLE SD ☒ Delete
NAME BROWN, ANITA LYNN
STREET ADDRESS 2590 N. REYNOLDS AVE.
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

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

TITLE D ☒ Delete
NAME MAST, REGINA
STREET ADDRESS 97 S HARRISON ST
CITY-ST-ZIP BEVERLY HILLS, FL 34465

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

TITLE TD ☐ Delete
NAME EVANS, JUDY
STREET ADDRESS 78 S LUCILLE ST
CITY-ST-ZIP BEVERLY HILLS, FL 34465

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

TITLE D ☒ Delete
NAME BROWN, DAVID R
STREET ADDRESS 2590 N. REYNOLDS AVE.
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

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

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:

Allen D Mast Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

ALLEN D MAST SR

Date (352) 527-9570