

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005352 1. Entity Name THE MAST BROTHERS MINISTRY, INC.	
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Principal Place of Business 20 MEADOWDALE ST BEVERLY HILLS, FL 34464	Mailing Address 20 MEADOWDALE ST BEVERLY HILLS, FL 34464
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3708582	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAST, ALLEN D SR 20 MEADOWDALE ST BEVERLY HILLS, FL 34464	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAST, ALLEN D SR 20 MEADOWDALE ST BEVERLY HILLS, FL 34464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAST, EMMA A 20 MEADOWDALE ST BEVERLY HILLS, FL 34464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, RICHARD 5390 W PIUTE DR. BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, BESS 5390 W PIUTE DR. BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, JUDY 78 S LUCILLE ST BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000282373 03/31/05-80041-003 70.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Allen D MAST SR Pres.</u> <u>3/30/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 527-9576
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