

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90053 002 ****61.25

DOCUMENT # N02000005596

1. Entity Name
MASTER'S ACADEMY INTERNATIONAL, INC.



Principal Place of Business
**11505 E. BROADWAY
MANGO, FL 33550 US**

Mailing Address
**11505 E. BROADWAY
MANGO, FL 33550 US**



01192005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2367676

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FULLER, KENNETH G
11505 E. BROADWAY
MANGO, FL 33550**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FULLER, KEN G
11505 E. BROADWAY
MANGO, FL 33550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEUEL, DAVID C
P.O. BOX 428
MANGO, FL 33550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IVERSON, ROB
11505 E. BROADWAY
MANGO, FL 33550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WISMER, DAVID A
P.O. BOX 428
MANGO, FL 33550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUSENITZ, IRV
P.O. BOX 428
MANGO, FL 33550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05

Date

813-681-5796

Daytime Phone #