

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008394

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: THE MASTER'S MISSION FOUNDATION, INC.

**Current Principal Place of Business:**

13300 S CLEVELAND AVE 3151  
FT MYERS, FL 33907

**New Principal Place of Business:**

13300 S CLEVELAND AVE 151  
FT MYERS, FL 33907

**Current Mailing Address:**

13300 S CLEVELAND AVE 3151  
FT MYERS, FL 33907

**New Mailing Address:**

13300 S CLEVELAND AVE 151  
FT MYERS, FL 33907

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAGAN, JON B  
13300 S CLEVELAND AVE 3151  
FT MYERS, FL 33907

**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: D ( ) Delete  
Name: BOWMAN, ELIZABETH MS.  
Address: 1265 FOOTHILL DR  
City-St-Zip: WHEATON, IL 60187

Title: D ( ) Delete  
Name: GOLDSMITH, EARL A DR.  
Address: 62 QUICHE CT  
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete  
Name: DAVIS, JOHN W MR.  
Address: 5362 COUNTRYDALE CT  
City-St-Zip: FT MYERS, FL 33905

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN W. DAVIS

REV.

04/30/2004

Electronic Signature of Signing Officer or Director

Date