

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000546

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** MASTER'S TOUCH MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

39706 SWEETGUM AVE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

39706 SWEETGUM AVE  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

15312 17TH STREET  
DADE CITY, FL 33523

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COOPER, HARTMAN L  
105 NW 5TH ST  
MULBERRY, FL 33860 US

**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: PD  
Name: SIT, JOSEPH  
Address: 39706 SWEETGUM AVE  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: S  
Name: ADAMS, LINDA  
Address: 37248 CARTER AVE.  
City-St-Zip: DADE CITY, FL 33523

Title: T  
Name: COLE, PATRICIA  
Address: 9014 BOLTON AVE. #64  
City-St-Zip: HUDSON, FL 34667

Title: VP  
Name: NOSWORTHY, THOMAS E  
Address: 9836 PANGOLA LOOP  
City-St-Zip: LAND O LAKES, FL 34639

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA COLE

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04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date