2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008575

FILED Jun 02, 2008 Secretary of State

Entity Name: THE MASTER'S TOUCH MINISTRIES INC. **Current Principal Place of Business: New Principal Place of Business:** 240 N. CHESTNUT ROAD LAKELAND, FL 33815 **Current Mailing Address: New Mailing Address:** 240 N. CHESTNUT ROAD LAKELAND, FL 33815 FEI Number: 56-2673942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, KAREN Y 240 N. CHESTNUT ROAD LAKELAND, FL 33815 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TAYLOR, HORACE Name: Name: Address: 240 N. CHESTNUT ROAD Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TAYLOR, KAREN Y Name: Address: 240 N. CHESTNUT ROAD Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: Title: () Delete Title: (X) Change () Addition CICERON, ROSIE L Name: CICERON, ROSIE L Name: 707 TENTH STREET Address: 707 TENTH STREET Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33805 Title: () Delete Title: () Change (X) Addition Name: Name: THOMAS, GENEVA MRS. 321 IMPERIAL BLVD. Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33802

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GENEVA THOMAS T 06/02/2008