

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008575

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE MASTER'S TOUCH MINISTRIES INC.

Current Principal Place of Business:

240 N. CHESTNUT ROAD
LAKELAND, FL 33815

New Principal Place of Business:

2210 MARJORIE RD.
LAKELAND, FL 33815

Current Mailing Address:

240 N. CHESTNUT ROAD
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 56-2673942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, KAREN Y
240 N. CHESTNUT ROAD
LAKELAND, FL 33815 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: P () Delete
Name: TAYLOR, HORACE
Address: 240 N. CHESTNUT ROAD
City-St-Zip: LAKELAND, FL 33815

Title: S () Delete
Name: TAYLOR, KAREN Y
Address: 240 N. CHESTNUT ROAD
City-St-Zip: LAKELAND, FL 33815

Title: VP () Delete
Name: CICERON, ROSIE L
Address: 707 TENTH STREET
City-St-Zip: LAKELAND, FL 33805

Title: T () Delete
Name: THOMAS, GENEVA MRS.
Address: 321 IMPERIAL BLVD.
City-St-Zip: LAKELAND, FL 33802

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HORACE TAYLOR

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date