

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006910

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** ONE TOUCH OF THE MASTER'S HAND MINISTRY, INC.

**Current Principal Place of Business:**

6401 SW 19TH STREET  
POMPANO BEACH, FL 33068

**New Principal Place of Business:**

9421 S.ORANGE BLOSSOM TRAIL  
UNIT 18  
ORLANDO, FL 32837

**Current Mailing Address:**

PO BOX 590274  
FORT LAUDERDALE, FL 33359

**New Mailing Address:**

9421 S.ORANGE BLOSSOM TRAIL  
UNIT 18  
ORLANDO, FL 32837

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, LINDA A  
6401 SW 19TH STREET  
POMPANO BEACH, FL 33068 US

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

SMITH, LINDA A  
9421 S.ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837 US

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: LINDA A SMITH

03/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SMITH, LINDA A  
Address: 9421 S ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32837

Title: TRES  
Name: SILLS, CAROLYN  
Address: 6401 SW 19TH STREET  
City-St-Zip: POMPANO BEACH, FL 33068

Title: SECT  
Name: SMITH, MONICA  
Address: 6401 SW 19TH STREET  
City-St-Zip: POMPANO BEACH, FL 33068

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: LINDA A SMITH

PRES

03/12/2012

Electronic Signature of Signing Officer or Director

Date