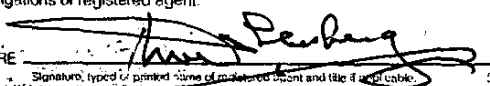


2004
2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90003 006 ****70.00

DOCUMENT # N11771 1. Entity Name MASTER'S RELIEF FOUNDATION, INC.			
Principal Place of Business 2816 ORANOLE WAY APOPKA FL 32703 US		Mailing Address 2816 ORANOLE WAY APOPKA FL 32703-7712 US	
2. Principal Place of Business 8059 LAUREL RIDGE DR. Suite, Apt. #, etc. MOUNT DORA, FL City & State 32757 USA Zip Country		3. Mailing Address P.O. Box 1015 Suite, Apt. #, etc. MOUNT DORA, FL City & State 32756 USA Zip Country	
		4. FEI Number 59-2626783 Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRACHENBERG, ROBERT R. 2816 ORANOLE WAY APOPKA FL 32703		7. Name and Address of New Registered Agent Name ROBERT R. DRACHENBERG Street Address (P.O. Box Number is Not Acceptable) 8059 LAUREL RIDGE DR. City MOUNT DORA FL Zip Code 32757	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE May 18, 2004 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VTD DRACHENBERG, RONALD E. 5180 PALM BEACH BLVD. FT. MYERS FL ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DS DRACHENBERG, RACHEL ☒ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE CPD DRACHENBERG, ROBERT R. ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD HODDER, RICHARD G. ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D HODDER, EVELYN R ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D DRACHENBERG, SUSAN ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Jan 20 2003 Time: 4:27:29 PM Daytime Phone: 352-552-2982	

CR2E037 (10/02)