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

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

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

DOCUMENT # N11771

1. Entity Name
MASTER'S RELIEF FOUNDATION, INC.

Principal Place of Business	Mailing Address
2816 ORANOLE WAY APOPKA FL 32703 US	2816 ORANOLE WAY APOPKA FL 32703-7712 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8059 LAUREL RIDGE DR.	P.O. BOX 1015
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MOUNT DORA, FL	MOUNT DORA, FL
City & State	City & State
32757 USA	32756 USA
Zip / Country	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	7. Name and Address of New Registered Agent
DRACHENBERG, ROBERT R. 2816 ORANOLE WAY APOPKA FL 32703	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: [signature] May 18, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DRACHENBERG, RONALD E. 5180 PALM BEACH BLVD. FT. MEYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DRACHENBERG, RACHEL 2816 ORANOLE WAY APOPKA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD DRACHENBERG, ROBERT R. 2816 ORANOLE WAY APOPKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HODDER, RICHARD G. 2703 MENDELIN ROAD APOPKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODDER, EVELYN R 2703 MENDELIN ROAD APOPKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRACHENBERG, SUSAN 5180 PALM BEACH BLVD. FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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] May 20 2003 407-298-6804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] May 18, 2004 352-552-2982