


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N11771		
1. Entity Name MASTER'S RELIEF FOUNDATION, INC.		

Principal Place of Business 8059 LAUREL RIDGE DR MOUNT DORA, FL 32757 US	Mailing Address P.O. BOX 1015 MOUNT DORA, FL 32756 US
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2626783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRACHENBERG, ROBERT R.
8059 LAUREL RIDGE DR
MOUNT DORA, FL 32757**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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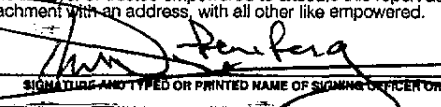
10. OFFICERS AND DIRECTORS

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

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07/15/05-80009-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **July 12, 2005** **352-735-4654**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #