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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16369 (3)

1. Corporation Name

THE MASTERS FOUNDATION, INC.



Principal Place of Business

Mailing Address

1900 SUMMIT TOWER BLVD.
SUITE 440
ORLANDO FL 328101900 SUMMIT TOWER BLVD.
SUITE 440
ORLANDO FL 32810-5912

3. Date Incorporated or Qualified

08/14/1986

3a. Date of Last Report

04/15/1996

4. FEI Number

59-2700563

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 1900 Summit Tower Blvd.

26 1900 Summit Tower Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 770

27 Suite 770

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

Country

Country

24 32810

25 USA

29 32810

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRALEY, ROBERT E.
ONE DUPONT CENTRE, SUITE 2800
390 N ORANGE AVE.
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HERSHISER, OREL L.IV
STREET ADDRESS 1900 SUMMIT TOWER BLVD, #440
CITY-ST-ZIP ORLANDO FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1900 Summit Tower Blvd., Suite 770
1.4 CITY-ST-ZIP Orlando, FL 32810☒ Change ☐ AdditionTITLE VD
NAME HERSHISER, JAMIE B.
STREET ADDRESS 1900 SUMMIT TOWER BLVD, #440
CITY-ST-ZIP ORLANDO FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1900 Summit Tower Blvd., Suite 770
2.4 CITY-ST-ZIP Orlando, FL 32810☒ Change ☐ AdditionTITLE SD
NAME FRALEY, ROBERT E.
STREET ADDRESS 390 N ORANGE AV #2800
CITY-ST-ZIP ORLANDO FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD
NAME KRAUS, PAUL V.
STREET ADDRESS 1900 SUMMIT TOWER BLVD #
CITY-ST-ZIP ORLANDO FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 1900 Summit Tower Blvd., Suite 770
4.4 CITY-ST-ZIP Orlando, FL 32810☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul V. Kraus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

Date

660-9429

Daytime Phone # 0017128

CR2E037 (9/96)