FILE NOW: FILING FEE IS \$61.25

US

ORLANDO FL 32810

2a. Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999

THE MASTERS FOUNDATION, INC.

1. Corporation Name

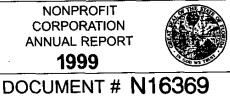
Principal Place of Business 1900 SUMMIT TOWER BLVD.

2. Principal Place of Business

SUITE 770

US

ORLANDO FL 32810



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90092 038 ****61.25

3. Date Incorporated or Qualifed

21		26				08/14/1986		
Suite, Apt.	#. etc	Suite, Apt. #, etc.				4. FEI Number	App	lied For
22		27	• -		*	59-2700563	Not	Applicable
	City & State City & State					S. Contiferation of Status Pagained	\$8.75 A	dditional
23	-	28				5. Certificate of Status Desired	Fee Rec	uired ·
Zip	Country	Zip		Country	,	6. Election Campaign Financing	\$5.00	May Be
24	25	29	30			Trust Fund Contribution	Added to	•
<u></u>	9. Name and Address of Current			<u> </u>		10. Name and Address of New Registered	Agent	
		 		81	Name	•		
EDALEY DODENT E					China ad A did	(D.O. Bay Number in Not Assessable)		
FRALEY, ROBERT E. ONE DUPONT CENTRE, SUITE 2600					Street Add	ress (P.O. Box Number is Not Acceptable)		
				83	 			
	ANGE AVE.							1.
UHLANDO	FL 32801			84	City	FL	85 Zip C	ode
-44 5		2 and 617 1509 El-	erida Statutes +	he abou	p_named con	poration submits this statement for the purpose of	changing its r	egistered
office or r	egistered agent or both in the State (of Florida, Such Cha	ande was autho	onzea ov	the corporal	on's board of directors. I hereby accept the appoir	itment as reg	istered
agent. I a	m familiar with, and accept the obligat	tions of, Section 61	7.0503, Florida	Statutes	3.			
SIGNATURE	·				<u> </u>			
	Signature, typed or printed name of registered agen		(NOTE: Reg	istered Age 13.	nt signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
12.		D DIRECTORS	DELETE	1.1 TITLE		ASSISTANCE TO OTT TOUTO ALL	Change	Addition
TILE	PD		VELETE					
NAME	HERSHISER, OREL L.,IV			1.2 NAME		·		•
STREET ADDRESS		IL 770		1.3 STREE	TADDRESS			,
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-S	ST-ZIP		C 05	Addition
TITLE	VD .		DELETE	2.1 TITLE			Change	☐ Addition
NAME	HERSHISER, JAMIE B.		1	2.2 NAME	1	•		•
STREET ADDRESS	1900 SUMMIT TOWER BLVD., S	STE 770		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL	÷ •		2. 4 CITY-	ST-ZIP	g to the g	~ -	
TITLE	SD		DELETE	3.1 TTLE		- -	Change	Addition
NAME	FRALEY, ROBERT E.		[3.2 NAME				
STREET ADDRESS	**************************************			3.3 STREE	TADDRESS			
	ORLANDO FL			3.4. CITY-		• .		
CITY-ST-ZIP TITLE	TD		DELETE	4.1 TITLE			☐ Change	☐ Addition
	KRAUS, PAUL V.	_		4. 2 NAME				
NAME	ARROS OF BUILDING TOWNERS DIVING C	TF 770			T ADDRESS			
STREET ADDRESS	ORLANDO FL	71C 110	1	4.4 CITY-8			•	
CITY-ST-ZIP	ORDANDO FL		DELETE	5.1 TITLE)1-LIF		Change	☐ Addition
TITLE			J	5.2 NAME		•	. — *	_
NAME				l	T ADDRESS			
STREET ADDRESS)				1	•		
CITY-ST-ZIP			DELETE	5.4 CITY-5 6.1 TITLE	21-ZP		Change	Addition
TITLE	leaves to the second		DELETE			• • •	L. Chango	
NAME "				6.2 NAME				
STREET ADDRESS	And the second of the second o				ET ADDRESS			
CITY-ST-ZIP	The state of the s			6.4 CRY-5	ST-ZIP			

14. 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 annual report or suppliemental 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, with all other like empowered.

SIGNATURE: