


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 -08:00 AM
Secretary of State

DOCUMENT # N16369 1. Entity Name THE MASTERS FOUNDATION, INC.	
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Principal Place of Business 1900 SUMMIT TOWER ROAD SUITE 260 ORLANDO, FL 32801 US	Mailing Address 1900 SUMMIT TOWER ROAD SUITE 260 ORLANDO, FL 32801 US
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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2700563	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SNELL, D.J. 365 GROUSER COURT WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000089930
03/16/04-80008-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERSHISER, OREL L IV 1900 SUMMIT TOWER BLVD, SUITE 260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HERSHISER, JAMIE B. 1900 SUMMIT TOWER BLVD, SUITE 260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KRAUS, PAUL V. 1900 SUMMIT TOWER BLVD, SUITE 260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 any attachment with any address with all other like empowered.

SIGNATURE Jamie B. Hershiser Jamie B. Hershiser 3-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #