2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N16369

Entity Name

THE MASTERS FOUNDATION, INC.



Principal Place of Business Mails

1900 SUMMIT TOWER ROAD

SUITE 260

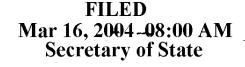
ORLANDO, FL 32801 US

Mailing Address

1900 SUMMIT TOWER ROAD

SUITE 260

ORLANDO, FL 32801





01062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2700563 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNELL, D.J. 365 GROUSER COURT WINTER PARK, FL 32789

STREET ADDRESS

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	named entity submits this statement for the plons of registered agent.	urpose of changing its registered o	ffice or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and acc	ept	
SIGNATURE_	Signature typed or printed name of registered agent and title is	f applicable (NOTE, Registered Age	nt signaturi	e required when reinstalling)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	 Election Campaign Financing Trust Fund Contribution. 	· _	\$5.00 May Be Added to Fees	03/16/04-80008-021 61.25	,	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSHISER, ORÊL L IV 1900 SUMMIT TOWER BLVD, SUITE ORLANDO, FL 32810	260					
TITLE NAME STREET ADDRESS CITY ST-ZIP	VD HERSHISER, JÄMIÉ 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			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. Thereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation of 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 any all drass with all other like empowered.

SIGNATURE/AMUE/STRVYWER JUIL

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