


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16369</b> 1. Entity Name <b>THE MASTERS FOUNDATION, INC.</b>	
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Principal Place of Business <b>1900 SUMMIT TOWER ROAD SUITE 260 ORLANDO, FL 32801 US</b>	Mailing Address <b>1900 SUMMIT TOWER ROAD SUITE 260 ORLANDO, FL 32801 US</b>
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03082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	

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U000000356466  
05/04/05-80012-025 61.25

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 an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-2805 214-691-4555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone