

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2005
Secretary of State**

DOCUMENT# N93000000345

Entity Name: THE MASTER'S CHURCH, INC.

Current Principal Place of Business:

2073 SWIFT RD.
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

2073 SWIFT RD.
OVIEDO, FL 32766

New Mailing Address:

FEI Number: 59-3164466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, BRUNILDA
2073 SWIFT RD.
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ, RUBEN REV.
Address: 2073 SWIFT RD.
City-St-Zip: OVIEDO, FL

Title: VD () Delete
Name: HERNANDEZ, BRUNILDA REV.
Address: 2073 SWIFT RD.
City-St-Zip: OVIEDO, FL

Title: TSD () Delete
Name: RIVERA, ANGEL L
Address: 2073 SWIFT RD.
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN HERNANDEZ

PD

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date