

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002791 (0)  
1. Corporation Name

THE MASTER'S MINISTRIES, INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

P O BOX 772  
BAGDAD FL 32530-0772

P O BOX 487  
HAROLD FL 32563-0487

3. Date Incorporated or Qualified  
06/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 772

4. FEI Number  
59-3344053

Applied For  
Not Applicable

23 City & State

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip

25 Country

28 Bagdad FL

30 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEANGELIS, JOSEPH  
5764 BINGHAM RD  
MILTON FL 32583

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT / FOUNDER ☒ DELETE  
NAME JOSEPH DE ANGELIS  
STREET ADDRESS P.O. Box 772 (5764 BINGHAM RD  
CITY-ST-ZIP BAGDAD, FL 32530 MILTON, FL 32583)

1.1 TITLE TRUSTEE ☐ Change ☒ Addition  
1.2 NAME ED EVANS  
1.3 STREET ADDRESS 506 CORA STREET  
1.4 CITY-ST-ZIP MILTON FL 32570

TITLE SECRETARY / TREASURER ☒ DELETE  
NAME LORELEI DE ANGELIS  
STREET ADDRESS P.O. Box 772 (5764 BINGHAM RD  
CITY-ST-ZIP BAGDAD, FL 32530 MILTON, FL 32583)

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE REUBEN ALGAZY TRUSTEE ☒ DELETE  
NAME  
STREET ADDRESS 311 SUNNY PLACE  
CITY-ST-ZIP CHEYENNE WY 82001

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME 000001897240  
6.3 STREET ADDRESS -07/17/96--01109--004  
6.4 CITY-ST-ZIP \*\*\*61.25 7/17/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017780

CR2E037 (3/96)