

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004408

FILED
Apr 30, 2003
Secretary of State

Entity Name: THE MASTER'S HOUSE MINISTRIES, INC.

Current Principal Place of Business:

3339 HARDEN ST.
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6786
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 59-3590223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLBEC, ROGER
3337 HARDEN ST.
SPRING HILL, FL 34606 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: DOLBEC, ROGER D
Address: 3337 HARDEN ST
City-St-Zip: SPRING HILL, FL 34606

Title: VPD () Delete
Name: REED, WALTER D
Address: 5425 IDLEWEISE CT
City-St-Zip: SPRING HILL, FL 34606

Title: STD () Delete
Name: DOLBEC, ROSE
Address: 3337 HARDEN ST
City-St-Zip: SPRING HILL, FL 34606

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: ROGER DOLBEC

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date