

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731019

Entity Name: THE MASTER'S TOUCH MINISTRY, INC.

Current Principal Place of Business:

4510 SOUTEL DRIVE
JACKSONVILLE, FL 32208

Current Mailing Address:

4510 SOUTEL DRIVE
JACKSONVILLE, FL 32208

FEI Number: 51-0188273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLS, MICHAEL T
4510 SOUTEL DRIVE
JACKSONVILLE, FL 32208 US

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: MICHAEL T. WELLS

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TYSON , BEVERLY
Address 12029 PROSPECT CREEK DR
City-State-Zip: JACKSONVILLE FL 32218

Title VD
Name HUNTER, EDDIE
Address 11291 HARTS ROAD
APT# 2201
City-State-Zip: JACKSONVILLE FL 32218

Title SD
Name HUNTER, EDDIE
Address 11291 HARTS ROAD
APT# 2201
City-State-Zip: JACKSONVILLE FL 32222

Title D
Name FORD, BRENDA
Address 2450 CHERRY RIDGE DRIVE
APT# 1229
City-State-Zip: JACKSONVILLE FL 32222

Title DIRECTOR
Name PASCHAL , CAROLYN
Address 3720 DEXTER DR. N.
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name LASTER, PATRICIA
Address 15868 BAXTER CREEK DR.
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER
Name WELLS, MICHAEL
Address 12564 BISCAYNE LAKE DR.
City-State-Zip: JACKSONVILLE FL 32218

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL WELLS

TREASURER

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date