

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731019

**FILED**  
**May 02, 2017**  
**Secretary of State**  
**CC6366851758**

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PDC  
Name CAMPBELL, L. JOYCE  
Address 9901 RIDGE BLVD.  
City-State-Zip: JACKSONVILLE FL 32208

Title VD  
Name LASTER-HUNTER, EDDIE  
Address 11766 E. KINGFISHER LN  
City-State-Zip: JACKSONVILLE FL

Title D  
Name WELLS, MICHAEL T  
Address 12564 BISCAYNE LAKE DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title SD  
Name CHANEY, GINA R  
Address 3825 MARLO STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name FORD, BRENDA  
Address 2168 COLLEGE CIRCLE  
City-State-Zip: JACKSONVILLE FL 32209

*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 T. WELLS**

**DIRECTOR OF  
ADMINISTRATION**

**05/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date