2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010956

CASE, CINDY

710 CLAREDON COURT

NAPLES, FL 34109

Name:

Address:

City-St-Zip:

Apr 28, 2005 Secretary of State

Entity Name: RED SHOES WORLD MINISTRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 3058 DRIFTWOOD WAY, #4405 NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 3058 DRIFTWOOD WAY, #4405 NAPLES, FL 34109 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOFF, BARBARA A 3058 DRIFTWOOD WAY, #4405 NAPLES, FL 34109 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOFF, BARBARA A Name: Name: Address: 3058 DRIFTWOOD WAY, #4405 Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CISKIE, DEANNA Name: Address: 675 WEST STREET Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

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SIGNATURE: BARBARA A. HOFF D 04/28/2005