

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27834

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** FIVE FOLD MINISTRIES, INC.

**Current Principal Place of Business:**

4265 UTE COURT  
ESTERO, FL 33928 US

**New Principal Place of Business:**

**Current Mailing Address:**

410 DAKOTA STREET W  
CANNON FALLS, MN 55009 US

**New Mailing Address:**

**FEI Number:** 65-0067361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAW, MARK BISHOP  
5375 COUNTRYDALE CT.  
FT. MYERS, FL 33905 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:** P/D  
**Name:** SHAW, MARK D BISHOP  
**Address:** P O BOX 338  
**City-St-Zip:** CANNON FALLS, MN 55009

**Title:** VD  
**Name:** COLTON SHAW, KATHRYN I PASTOR  
**Address:** PO BOX 338  
**City-St-Zip:** CANNON FALLS, MN 55009

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:** MARK SHAW

P/D

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date