

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

DOCUMENT# N15000001878

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC2699238172**

**Entity Name:** CHANGE YOUR SHOES FOUNDATION INC.

**Current Principal Place of Business:**

15722 SUNNYLAND LANE  
WELLINGTON, FL 33414

**Current Mailing Address:**

PO BOX 212170  
ROYAL PALM BEACH, FL 33421 US

**FEI Number:** 47-3254990

**Certificate of Status Desired:** No

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

ANDERSEN, KATHERINE  
15722 SUNNYLAND LANE  
WELLINGTON, FL 33414 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 PD  
Name ANDERSEN, KATHERINE  
Address PO BOX 212170  
City-State-Zip: ROYAL PALM BEACH FL 33421

Title DIRECTOR  
Name VIRGINIA, LAURA HANSON  
Address 15535 SUNWARD STREET  
City-State-Zip: WELLINGTON FL 33414

Title SD  
Name LODMELL, AWA  
Address 2005 GREENBRIAR BLVD.  
City-State-Zip: WELLINGTON FL 33414

Title D, TREASURER  
Name LODMELL, DOUGLAS  
Address 2005 GREENBRIAR BLVD.  
City-State-Zip: WELLINGTON FL 33414

*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:** KATHERINE ANDERSEN

**MANAGER**

**04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date