

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000003554

**Entity Name:** THE RED SUITCASE MINISTRY, INC.

**Current Principal Place of Business:**

2101 SOUTH PALMETTO AVENUE  
SANFORD, FL 32771

**Current Mailing Address:**

2101 SOUTH PALMETTO AVENUE  
SANFORD, FL 32771 US

**FEI Number: 86-2948184**

**Certificate of Status Desired: Yes**

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

TIPTON, CARLTON R  
2101 SOUTH PALMETTO AVENUE  
SANFORD, FL 32771 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            PRESIDENT  
Name            TIPTON, CARLTON R  
Address        2101 SOUTH PALMETTO AVENUE  
City-State-Zip: SANFORD FL 32771

Title            COO  
Name            TIPTON, EMILY  
Address        625 CLEARN COURT  
City-State-Zip: WINTER SPRINGS FL 32708

Title            CEO  
Name            ANDERSON, BETH  
Address        256 SPRING RUN COURT  
City-State-Zip: LONGWOOD FL 32779-2418

Title            VP  
Name            MANLEY, BEATRICE  
Address        161 LANDMARK STREET  
City-State-Zip: DELTONA FL 32725

Title            DIRECTOR  
Name            ROBINSON, CHAN  
Address        105 SANDPOINT COURT  
City-State-Zip: SANFORD FL 32771

Title            DIRECTOR  
Name            ANDERSON, BETH  
Address        606 FOX VALLEY DRIVE  
City-State-Zip: LONGWOOD FL 32779-2418

Title            PASTOR  
Name            STIVER, BOBBI  
Address        250 W. LAKE MARY BLVD  
City-State-Zip: SANFORD FL 32771

Title            OFFICER  
Name            CAMPBELL, JODI  
Address        PRIDEAUX ROAD  
City-State-Zip: OSTEEN FL

**Continues on page 2**

*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: CARLTON R TIPTON**

**PRESIDENT**

**02/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            CAMPBELL, RICK  
Address        1355 W. PRIDEAUX ROAD  
City-State-Zip: OSTEEN FL 32764