

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003017

Entity Name: CHRIS POLKE MINISTRIES, INC.**Current Principal Place of Business:**2711 CARDASSI DRIVE
OCOE, FL 34761**Current Mailing Address:**PO BOX 547452
ORLANDO, FL 32854**FEI Number:** 47-3517551**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POLKE, CHRISTOPHER I
2711 CARDASSI DRIVE
OCOE, FL 34761 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 P
Name POLKE, CHRISTOPHER I
Address 2711 CARDASSI DRIVE
City-State-Zip: OCOE FL 34761

Title VP
Name POLKE, SHERITA R
Address 2711 CARDASSI DRIVE
City-State-Zip: OCOE FL 34761

Title TRES
Name WHITE, SHARON
Address 5615 NEW CAMBRIDGE RD
City-State-Zip: ORLANDO FL 32810

Title SEC
Name DUFFIE, CECIL
Address 720 NE 155TH TERRACE
City-State-Zip: N MIAMI BEACH FL 33162

Title D
Name OSOBA, BABAJIDE
Address 6118 SW 63RD LN
City-State-Zip: GAINESVILLE FL 32608

Title D
Name BROWN, BEATRICE
Address 664 WORTHINGTON DR
City-State-Zip: WINTER PARK FL 32789

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: CHRISTOPHER POLKE**PRESIDENT****04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date