

2019 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	TRES
Name	WHITE, SHARON
Address	5615 NEW CAMBRIDGE RD
City-State-Zip:	ORLANDO FL 32810

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

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

Title	SEC
Name	WOODS, RASHAD
Address	9925 LINN AVENUE
City-State-Zip:	SAINT LOUIS MO 63125

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****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date