## 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004161

Entity Name: BACK 2 BACK MINISTRIES, INC.

**Current Principal Place of Business:** 

8118 CORPORATE WAY, STE 103

MASON. OH 45040

**Current Mailing Address:** 

P.O. BOX 70

MASON, OH 45040

FEI Number: 31-1468516 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, CAROLINE 40 YAWL DRIVE

COCOA BEACH, FL 32931 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

FILED Mar 19, 2015

**Secretary of State** 

CC1585541235

Officer/Director Detail:

 Title
 D
 Title
 US OPERATIONS DIRECTOR

 Name
 GUCKENBERGER, TODD
 Name
 GUCKENBERGER, JOHN

Address 8118 CORPORATE WAY, STE 103 Address 8118 CORPORATE WAY, STE 103

City-State-Zip: MASON OH 45040 City-State-Zip: MASON OH 45040

Title P Title T

Name GREER, JEFF Name MCQUINN, SCOTT

Address 406 FOURTH AVE. Address 8118 CORPORATE WAY, STE 103

City-State-Zip: MASON OH 45040 City-State-Zip: MASON OH 45040

Title D Title

Name COOPER, RICHARD M Name MUNAFO, JASON

Address 58303 CR 105 Address 5561 ERWIN SIMPSON RD

City-State-Zip: ELKHART IN 46517 City-State-Zip: MASON OH 45040

Title COMPTROLLER

Name HONECK, PATRICIA ANNE

Address 8118 CORPORATE WAY

103

City-State-Zip: MASON OH 45040

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: PATRICIA HONECK CONTROLLER 03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date