

2017 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**Officer/Director Detail :**

Title	D
Name	GUCKENBERGER, TODD
Address	8118 CORPORATE WAY, STE 103
City-State-Zip:	MASON OH 45040

Title	US OPERATIONS DIRECTOR
Name	GUCKENBERGER, JOHN
Address	8118 CORPORATE WAY, STE 103
City-State-Zip:	MASON OH 45040

Title	P
Name	GREER, JEFF
Address	406 FOURTH AVE.
City-State-Zip:	MASON OH 45040

Title	T
Name	MCQUINN, SCOTT
Address	8118 CORPORATE WAY, STE 103
City-State-Zip:	MASON OH 45040

Title	D
Name	COOPER, RICHARD M
Address	58303 CR 105
City-State-Zip:	ELKHART IN 46517

Title	D
Name	MUNAFO, JASON
Address	5561 ERWIN SIMPSON RD
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****01/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date