

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005299

**Entity Name:** CHRISTIAN INSTITUTE, INC.

**Current Principal Place of Business:**

1400 DIVISION ST.  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

P.O. BOX 2457  
WEST PALM BEACH, FL 33402 US

**FEI Number: 80-0730473**

**Certificate of Status Desired: No**

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

BROOKS, LARRY T  
740 MALIBU BAY DR.  
102  
WEST PALM BEACH, FL 33401 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 PRES  
Name BROOKS, LARRY  
Address P.O. BOX 2457  
City-State-Zip: WEST PALM BEACH FL 33402

Title SECR  
Name BROOKS, SANDRA F  
Address 740 MALIBU BAY DR. #102  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name LOVETT, WALTER  
Address 1400 DIVISION ST.  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name AVERY, CEDRIC  
Address 1400 DIVISION ST.  
City-State-Zip: WEST PALM BEACH FL 33401

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: LARRY T. BROOKS**

**PRESIDENT**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date