

2018 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:** Yes**Name and Address of Current Registered Agent:**BROOKS, LARRY TYRONE DR.
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:** DR. LARRY T. BROOKS

03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	BROOKS, LARRY TYRONE DR.
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: DR. LARRY T. BROOKS

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date