## **2021 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 Jan 29, 2021

Secretary of State

3203412779CC

Officer/Director Detail:

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Title TRUSTEE 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 TRUSTEE 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 C

Name COOPER, RICHARD M Name MUNAFO, JASON

Address 8118 CORPORATE WAY Address 8118 CORPORATE WAY

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

Title COMPTROLLER Title TRUSTEE

Name HONECK, PATRICIA ANNE Name HOUSH, EZ

Address 8118 CORPORATE WAY Address 8118 CORPORATE WAY, STE 103

103 City-State-Zip: MASON OH 45040

City-State-Zip: MASON OH 45040

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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 A HONECK CONTROLLER 01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title TRUSTEE Title TRUSTEE

Name KERSEY, JAY Name LINDNER, MARTHA

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 TRUSTEE

Name WELLER, SHAWN Name WOELK, TOM

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

Title

**TRUSTEE** 

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

Title TRUSTEE Title TRUSTEE

Name HOUSH, WILL Name SATTERFIELD, ANN

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 PRESIDENT Title TRUSTEE

Name JACOB, SAMAD Name HONECK, PATRICIA A

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

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