

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003590

1. Corporation Name

ASSEMBLEE CHRETIENNE, INC.

Principal Place of Business

1014 E. Yukon St.
TAMPA FL 33604
US

Mailing Address

1014 E. Yukon St.
TAMPA FL 33604
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1014 E. Yukon St.	26	1014 E. Yukon St.	07/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3334301	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Tampa, FL	28	Tampa, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24	33604	29	33604	Country	
25	U.S.A	30	U.S.A		

9. Name and Address of Current Registered Agent

CANGE, VIOLA
5210 E HOLLAND ST
TAMPA FL 33617

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANGE, CLES		12 NAME	500002907545--9
STREET ADDRESS	5210 E HOLLAND ST		13 STREET ADDRESS	-06/17/99--01045--011
CITY-ST-ZIP	TAMPA FL 33617		14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	STD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANGE, VIOLA		22 NAME	
STREET ADDRESS	5210 E. HOLLAND ST.		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVOLUS, JEAN E		32 NAME	
STREET ADDRESS	1011 E ELLICOTT ST		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603		34 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR, JEAN ROMERE		42 NAME	
STREET ADDRESS	4515 E. GIDDENS AVENUE		43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610		44 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Viola Cange Viola Cange 3-23-99 (813) 985-3729

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CR2E037 (11/98)