

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003590

Entity Name: ASSEMBLEE CHRETIENNE, INC.

FILED
Apr 12, 2004
Secretary of State

Current Principal Place of Business:

1014 E. YUKON STREET
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

1014 E. YUKON STREET
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-3334301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANGE, VIOLA
5210 E HOLLAND ST
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REVOLUS, JEAN
Address: 1812 E BRUST AVE
City-St-Zip: TAMPA, FL 22612

Title: SD () Delete
Name: CANGE, VIOLA
Address: 5210 E HOLLAND ST
City-St-Zip: TAMPA, FL 33617

Title: TD () Delete
Name: SAINT-JEAN, SONY
Address: 4712 BARRETT CR
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: EUGENE, JEAN
Address: 11314 SUMMER CT D
City-St-Zip: TAMPA, FL 33612

Title: MD () Delete
Name: REVOLUS, FLORENCE
Address: 1812 E BRUST AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIOLA CANGE

SD

04/12/2004

Electronic Signature of Signing Officer or Director

Date