

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004783

**Entity Name:** ASCENSION 33, INC.

**Current Principal Place of Business:**

1540 NW AVE L  
SUITE 101  
BELLE GLADE, FL 33430

**Current Mailing Address:**

PO BOX 703  
SOUTH BAY, FL 33493 UN

**FEI Number:** 82-1415702

**Certificate of Status Desired:** Yes

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

SCOTT, SHANIQUE  
245 SW 5TH AVE  
SOUTH BAY, FL 33493 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 OFFICER  
Name LEWIS, SHAMIKA  
Address 756 GAZETTA WAY  
City-State-Zip: WEST PALM BEACH FL 33413

Title VP  
Name ELLIOT, SHONDA  
Address 284 SANDPIPER AVE.  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title OFFICER  
Name SIMMONS, JONIQUE  
Address 120 SW 2ND AVE  
City-State-Zip: SOUTH BAY FL 33493

Title OFFICER  
Name LUCAS, HAZEL  
Address 2051 MARTIN LUTHER KING BLVD  
City-State-Zip: RIVIERA BEACH FL 33404

Title OFFICER  
Name MESSAM, STEVE  
Address 1540 NW AVE L.  
SUITE 101  
City-State-Zip: BELLE GLADE FL 33430

Title CEO, PRESIDENT  
Name SCOTT, SHANIQUE  
Address 245 SW 5TH AVE  
City-State-Zip: SOUTH BAY FL 33493

*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:** SHANIQUE SCOTT

**OWNER/CEO**

**01/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date