

2022 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:**P.O BOX 2594
BELLE GLADE, FL 33430 US**FEI Number: 82-1415702****Certificate of Status Desired:** No**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	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****01/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date