

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003590

**Entity Name:** ASSEMBLEE CHRETIENNE, INC.**Current Principal Place of Business:**7809 N. ORLEANS AVE  
TAMPA, FL 33604**Current Mailing Address:**7809 N. ORLEANS AVE  
TAMPA, FL 33604 US**FEI Number:** 59-3334301**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SAINT-MARC, WEEDLINN  
7809 N. ORLEANS AVE  
TAMPA, FL 33604 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:** WEEDLINN SAINT-MARC

03/23/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name REVOLUS, JEAN EMR  
Address 1812 E BRUST AVE  
City-State-Zip: TAMPA FL 33617

Title SD  
Name SAINT-MARC, WEEDLINN  
Address 13205 KEY LARGO RD  
City-State-Zip: TAMPA FL 33612

Title TD  
Name SAINT-JEAN, SONY MR  
Address 4712 BARRETT CR  
City-State-Zip: TAMPA FL 33617

Title ELDER  
Name EUGENE, JEAN MR  
Address 13401 WHITESTONE DR  
City-State-Zip: TAMPA FL 33617

Title VP  
Name CYRIUS, ROOSESEVELT MR  
Address 8106 TOM SAWYER DR  
City-State-Zip: TAMPA FL 33637

Title COO  
Name ROCK, MARCLIN  
Address 3706 LANDINGS WAY DR # 105  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name VITAL-HERNE, HAROLD  
Address 5210 E HOLLAND AVE  
City-State-Zip: TAMPA FL 33617

*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:** WEEDLINN SAINT-MARC**SECRETARY**

03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date