

2013 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:**CHARLES, RENETTE MRS
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:**_____
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	CHARLES, RENETTE MRS
Address	7523 TURTLE VIEW DR
City-State-Zip:	RUSKIN FL 33573

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

Title	D
Name	EUGENE, JEAN MR
Address	11314 SUMMER CT D
City-State-Zip:	TAMPA FL 33612

Title	VP
Name	CYRIUS, ROOSESEVELT MR
Address	2450 E HILLSBOROUGH AVE. APT 5 # 507
City-State-Zip:	TAMPA FL 33610

Title	D
Name	CYRIUS, CHILET MR
Address	9810 N OJUS DR.
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: RENETTE CHARLES**SECRETARY****04/21/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date