

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N01000001932**

1. Entity Name

POINCIANA GOSPEL ASSEMBLY, INC.



**FILED
May 23, 2003 8:00 am
Secretary of State**

05-23-2003 90142 004 ****61.25

0094886

Principal Place of Business
4545 PLEASANT HILL RD COMMERCE CNTR
105
KISSIMMEE FL 34759

Mailing Address
945 GATESHEAD CT
KISSIMMEE FL 34758

2. Principal Place of Business Same

3. Mailing Address Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **31-1764746**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIANT, ERNST
945 GATESHEAD CT
KISSIMMEE FL 34758

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME FLORIANT, VIERGELLA
STREET ADDRESS 945 GATESHEAD CT
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME FLORIAN, MIREILLE
STREET ADDRESS 945 GATESHEAD CT
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME FRANCOEUR, SABINE
STREET ADDRESS 638 ROYALTY CT
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **T** Delete
NAME LATURE, MOREL
STREET ADDRESS 617 WOOD DR
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernest Viergella*

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-19-03 107460-2070

CR2E037 (10/02)