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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03310** (2)

1. Corporation Name

UNITED CHRISTIAN ASSEMBLIES, INC.

Principal Place of Business

Mailing Address

**5531 GULF DR
NEW PORT RICHEY FL 34652**

**5531 GULF DR
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified

05/25/1984

4. FEI Number

59-2423871

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRUZ, MIGUEL A.
8735 WOODCREST DRIVE
PORT RICHEY FL 34688**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-88

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
CRUZ, MIGUEL**
STREET ADDRESS **8735 WOODCREST DRIVE**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE

NAME **SD
CRUZ, CHRISTINE**
STREET ADDRESS **8735 WOODCREST DR.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE

NAME **TD
SOTO, ISMAEL**
STREET ADDRESS **5048 PINE STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **D
MILLER, MARTHA**
STREET ADDRESS **P. O. BOX 223 N/A**
CITY-ST-ZIP **ARIPEKA FL**

TITLE ☐ DELETE

NAME **D
MEDINA, ROSA**
STREET ADDRESS **4407 ROYAL OAK LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ DELETE

NAME **D
BENIGNO CONCEPCION**
STREET ADDRESS **7849 ROYAL STEWART DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

**TD
Benner, Martha J.
12740 Morgan Rd.
Hudson, FL 34667**

**D
Josefina Concepcion
1739 Cockleshell Drive
Holiday, FL 34690**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine Cruz* (Christine Cruz) 3/29/98 813 - 863-5668

CR2E037 (10/97)