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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03310

1. Corporation Name

UNITED CHRISTIAN ASSEMBLIES, INC.

Principal Place of Business

5531 GULF DR  
NEW PORT RICHEY FL 34652

Mailing Address

5531 GULF DR  
NEW PORT RICHEY FL 34652

FILED  
May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90010 019 \*\*\*\*70.00

563442-90010-19



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/25/1984

4. FEI Number

59-2423871

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CRUZ, MIGUEL A.  
8735 WOODCREST DRIVE  
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/17/99

12. OFFICERS AND DIRECTORS

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

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

TITLE D  
NAME SOTO, ISMAEL  
STREET ADDRESS 5948 PINE STREET  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TD  
NAME BENNER, MARTHA J  
STREET ADDRESS 12740 MORGAN RD  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE D  
NAME CONCEPCION, JOSEFINA  
STREET ADDRESS 1739 COCKLESHELL DR  
CITY-ST-ZIP HOLIDAY FL 34690

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Harry Monroe  
1.3 STREET ADDRESS 7439 Lake Forest Circle  
1.4 CITY-ST-ZIP Port Richey FL 34668

2.1 TITLE D  
2.2 NAME Felipe Majano  
2.3 STREET ADDRESS 4141 Pecos Drive  
2.4 CITY-ST-ZIP New Port Richey FL 34653

3.1 TITLE D  
3.2 NAME José David Reyes  
3.3 STREET ADDRESS 4930 Bola St.  
3.4 CITY-ST-ZIP New Port Richey FL 34652

4.1 TITLE D  
4.2 NAME Ralph Carmack  
4.3 STREET ADDRESS 6038 Wilds Drive  
4.4 CITY-ST-ZIP New Port Richey FL 34653

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

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, with all other like empowered.

SIGNATURE:

Christine Cruz

Date

Daytime Phone #

5/17/99

CR2E037 (11/98)

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