

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03310

FILED  
Feb 23, 2007  
Secretary of State

**Entity Name:** UNITED CHRISTIAN ASSEMBLIES, INC.

**Current Principal Place of Business:**

5531 GULF DR  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 516  
PORT RICHEY, FL 34673 US

**New Mailing Address:**

**FEI Number:** 59-2423871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

02/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CRUZ, MIGUEL A  
Address: 8735 WOODCREST DRIVE  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: SD ( ) Delete  
Name: CRUZ, CHRISTINE  
Address: 8735 WOODCREST DRIVE  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TD ( ) Delete  
Name: MONROE, HARRY  
Address: 7439 LAKE FOREST CIRCLE  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D ( ) Delete  
Name: MILLER, MARTHA J  
Address: 2047 COACHMAN ROAD  
City-St-Zip: SPRING HILL, FL 346085239 US

Title: D (X) Delete  
Name: MEJIAS, PAULINO  
Address: 7509 IVORY TERRACE  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: D ( ) Delete  
Name: CONCEPCION, JOSEFINA  
Address: 7907 ROUNDELAY DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE CRUZ

SD

02/23/2007

Electronic Signature of Signing Officer or Director

Date