

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03310

FILED
Feb 13, 2008
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:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: CRESCIMBENI, JOSE
Address: 2533 EAGLE CREST COURT
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify 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

02/13/2008

Electronic Signature of Signing Officer or Director

Date