

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

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90282 022 ****61.25

DOCUMENT # N03310

1. Entity Name

UNITED CHRISTIAN ASSEMBLIES, INC.



Principal Place of Business

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

Mailing Address

**PO BOX 516
PORT RICHEY FL 34673
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2423871**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

8-4-03

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

TITLE ☐ Change ☒ Addition
NAME **D David Chaya**
STREET ADDRESS **13010 Pebble Beach Circle**
CITY-ST-ZIP **Bayonet Point, FL 34667**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD MONROE, HARRY**
STREET ADDRESS **7439 LAKE FOREST CIR**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BENNER, MARTHA-J**
STREET ADDRESS **12740 MORGAN RD**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2047 Coachman Road**
CITY-ST-ZIP **Spring Hill, FL 34608-5239**

TITLE ☐ Delete
NAME **D MEJIAS, PAULINO**
STREET ADDRESS **7509 IVORY TERRACE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Christine Cruz

Christine Cruz

8/4/03

727-810-3566

CR2E037 (10/02)