

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001264

FILED
Jan 21, 2009
Secretary of State

Entity Name: UNITED ASSEMBLIES OF JESUS CHRIST, INC.

Current Principal Place of Business:

15360 SW 23RD AVE.
OCALA, FL 344734275

New Principal Place of Business:

Current Mailing Address:

15360 SW 23RD AVE.
OCALA, FL 344734275

New Mailing Address:

FEI Number: 68-0627004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDRO, NELSON REV.
15360 SW 23RD AVE.
OCALA, FL 344734275 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: PADRO, NELSON REV.
Address: 15360 SW 23RD AVE.
City-St-Zip: OCALA, FL 344734275

Title: SD () Delete
Name: PADRO, LUZ M
Address: 15360 SW 23RD AVE.
City-St-Zip: OCALA, FL 344734275

Title: TD () Delete
Name: TORRES, RUTH
Address: 15360 SW 23RD AVE. RD
City-St-Zip: OCALA, FL 34473

Title: SD () Delete
Name: CORTESA, LIZETTE SUB
Address: 8005 SW 134 LOOP
City-St-Zip: OCALA, FL 34473

Title: TD () Delete
Name: TORRES, JEANETTE SUB
Address: 2038 SW 153 LOOP
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: CORTES, NESTOR
Address: 8005 SW 134 LOOP
City-St-Zip: OCALA, FL 34473

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 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: REV. NELSON PADRO

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date