

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006573

FILED
Apr 19, 2009
Secretary of State

Entity Name: UNITED SAINTS ASSEMBLY, INC.

Current Principal Place of Business:

740 9TH STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 681160
ORLANDO, FL 328681160

New Mailing Address:

FEI Number: 20-4740002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, TERRY E SR.
740 9TH STREET
WINTER GARDEN, FL 34787 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: D () Delete
Name: DAVIS, TERRY E SR.
Address: 244 SPRING LEAP CIR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: DAVIS, DORIS B
Address: 244 SPRING LEAP CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: KELLY, BARBARA
Address: 19119 TIMBER PINE LANE
City-St-Zip: ORLANDO, FL 32833

Title: D () Delete
Name: BRAXTON, SHARIA
Address: 5522 CINDERLANE PARKWAY APT. C
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, TERRY E SR.
Address: 244 SPRING LEAP CIR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: V (X) Change () Addition
Name: DAVIS, DORIS B
Address: 244 SPRING LEAP CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: T (X) Change () Addition
Name: KELLY, BARBARA
Address: 19119 TIMBER PINE LANE
City-St-Zip: ORLANDO, FL 32833

Title: S (X) Change () Addition
Name: BRAXTON, SHARIA
Address: 5522 CINDERLANE PARKWAY APT. C
City-St-Zip: ORLANDO, FL 32808

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: TERRY DAVIS SR.

P

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date