

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03310

Entity Name: UNITED CHRISTIAN ASSEMBLIES, INC.**Current Principal Place of Business:**5531 GULF DR
NEW PORT RICHEY, FL 34652**Current Mailing Address:**PO BOX 516
PORT RICHEY, FL 34673 US**FEI Number:** 59-3374869**Certificate of Status Desired:** Yes**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD	Title	EXECUTIVE SECRETARY, DIRECTOR
Name	CRUZ, MIGUEL A	Name	CRUZ, CHRISTINE
Address	8735 WOODCREST DRIVE	Address	8735 WOODCREST DRIVE
City-State-Zip:	PORT RICHEY FL 34668	City-State-Zip:	PORT RICHEY FL 34668
Title	ELDER	Title	ELDER
Name	MONROE, HARRY	Name	SLAVINSKI, DIANE
Address	7439 LAKE FOREST CIRCLE	Address	2047 COACHMAN ROAD
City-State-Zip:	PORT RICHEY FL 34668	City-State-Zip:	SPRING HILL FL 34608-5239
Title	TREASURER	Title	ELDER
Name	CERASARO, MARK	Name	BORGES, DOLORES
Address	7556 HOLLY LAKE LANE	Address	6304 RIDGECREST DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34653	City-State-Zip:	PORT RICHEY FL 34668
Title	ELDER		
Name	SANTIAGO, SONIA		
Address	1900 HARPOON DRIVE		
City-State-Zip:	HOLIDAY FL 34690		

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE CRUZ**SECRETARY****02/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date