

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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:** MIGUEL CRUZ

10/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CRUZ, MIGUEL A
Address 8735 WOODCREST DRIVE
City-State-Zip: PORT RICHEY FL 34668

Title EXECUTIVE SECRETARY, DIRECTOR
Name CRUZ, CHRISTINE
Address 8735 WOODCREST DRIVE
City-State-Zip: PORT RICHEY FL 34668

Title TREASURER
Name BRANDI, BART
Address 8426 HAWBUCK STREET
City-State-Zip: TRINITY FL 34655

Title ELDER
Name BORGES, DOLORES
Address 6304 RIDGECREST DRIVE
City-State-Zip: PORT RICHEY FL 34668

Title ELDER
Name SANTIAGO, SONIA
Address 1900 HARPOON DRIVE
City-State-Zip: HOLIDAY FL 34690

Title ELDER
Name BORGES, FELICIANO
Address 6304 RIDGECREST DRIVE
City-State-Zip: PORT RICHEY FL 34668

Title ELDER
Name CERASARO, MARK
Address 7556 HOLLY LAKE LANE
City-State-Zip: NEW PORT RICHEY FL 34653

Title ELDER
Name FUENTES, HECTOR
Address 8151 PENWOOD DRIVE
City-State-Zip: PORT RICHEY FL 34668

Continues on page 2

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: MIGUEL CRUZ**DIRECTOR**

10/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ELDER
Name	FUENTES, HILARIA
Address	8151 PENWOOD DRIVE
City-State-Zip:	PORT RICHEY FL 34668