

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001582

**Entity Name:** ASSEMBLY OF NATION IN CHRIST INC.

**Current Principal Place of Business:**

10645 SW 130 AVE  
MIAMI, FL 33186

**FILED**  
**Apr 28, 2018**  
**Secretary of State**  
**CC3792316832**

**Current Mailing Address:**

10645 SW 130 AVE  
MIAMI, FL 33186 US

**FEI Number: 45-4537870**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILLIAMS, DESMOND C  
10645 SW 130 AVE  
MIAMI, FL 33186 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            PRES  
Name            WILLIAMS, DESMOND C REV.  
Address        10645 SW 130 AVE  
City-State-Zip: MIAMI FL 33186

Title            SEC  
Name            WILLIAMS, DORRETT I  
Address        10645 SW 130 AVE  
City-State-Zip: MIAMI FL 33186

Title            TRE  
Name            JACQUETTE, GAIL A  
Address        15770 SW 152 AVE  
City-State-Zip: MIAMI FL 33187

Title            D  
Name            HARTSHORN, FERRON  
Address        10979 SW 238 TERRACE  
City-State-Zip: HOMESTEAD FL 33032-6241

Title            D  
Name            MING, DAWN  
Address        LOT 54 CASTLETON DRIVE  
City-State-Zip: CLARENDON, JAMAICA

Title            DIRECTOR  
Name            MARSH, MARGARITA MONIQUE  
Address        11262 SW 246 STREET  
City-State-Zip: HOMESTEAD FL 33032

Title            DIRECTOR  
Name            JACQUETTE, FLOYD  
Address        15770 SW 152 AVE  
City-State-Zip: MIAMI FL 33187

Title            DIRECTOR  
Name            WILLIAMS, ZYGMUNT LIONEL CHARLES  
Address        LOT 31 SUN FLOWER AVE, NEW TOWN, HAYES BOX 46 LIONEL TOWN P.O  
City-State-Zip: CLARENDON

*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: DESMOND WILLIAMS**

**PRESIDENT**

**04/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date