

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003591

Entity Name: NEW CHRISTIAN ASSEMBLY INC**Current Principal Place of Business:**447 NE 195TH STREET
320
NORTH MIAMI BEACH, FL 33179**Current Mailing Address:**447 NE 195TH STREET
320
NORTH MIAMI BEACH, FL 33179 US**FEI Number:** 13-0000035**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MSP FINANCIAL SERVICES INC
14616 WEST DIXIE HWY
NORTH MIAMI, FL 33161 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	P
Name	ST VICTOR, BENONY
Address	447 NE 195TH STREET APT 320
City-State-Zip:	MIAMI FL 33179

Title	T
Name	DOUCET, FRANCIANNE
Address	443 NE 195TH STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33179

Title	T
Name	CIVIL, TCHELLA
Address	120 BONAVENTURE BLD 207
City-State-Zip:	WESTON FL 33326

Title	S
Name	ST VICTOR, CLOVENCIA H
Address	447 NE 195TH STREET 320
City-State-Zip:	NORTH MIAMI BEACH FL 33179

Title	VP
Name	CIVIL, LENES
Address	120 BONAVENTURE BLD 207
City-State-Zip:	WESTON FL 33326

Title	ASST. SECRETARY
Name	GREGOIR, JEANNE
Address	14005 NE 6 AVENUE 18
City-State-Zip:	NORTH MIAMI FL 33161

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: ST VICTOR BENONY**PRESIDENT****05/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date