

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706352 (2)

1. Corporation Name

CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

140 PROPHETS WAY
SANTA ROSA BEACH FL 32459

PO BOX 1626
SANTA ROSA BEACH FL 32459-1626



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
10/31/1963

3a. Date of Last Report
05/22/1996

4. FEI Number
59-3223726

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPO, JENNIFER
3450 PALENCIA #1413
TAMPA FL 33618

81 Name JAMES E. CAPO JR.
82 Street Address (P.O. Box Number is Not Acceptable)
2902 MELALEUCA S.E.
83
84 City PORT ST LUCIE FL 85 Zip Code 34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CAPO, JAMES
STREET ADDRESS 4751 48TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME CAPO, ROBERT
STREET ADDRESS 700 RIVER RD.
CITY-ST-ZIP BEAVER PA 15009

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T/S
NAME CAPO, JENNIFER
STREET ADDRESS 3450 PALENCIA, #1413
CITY-ST-ZIP TAMPA FL 33618

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CAPO, IDA
STREET ADDRESS 328 OLIVA
CITY-ST-ZIP VAN PORT PA 15009

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME CAPO, ROBERT
STREET ADDRESS 700 RIVER RD.
CITY-ST-ZIP BEAVER PA 15009

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME CAPO, JAMES JR.
STREET ADDRESS 2902 MELALEUCA
CITY-ST-ZIP PORT ST. LUCIE FL 34952

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature] 4/26/97 964-2310760

CR2E037 (9/96)