FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

706352

(2)

CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.

Principal Place of Business Mailing Address			I LOBALL ISSUE ALIBE HINGE SHIPE HINGE SHARE HING SHALE CHAIL BURKE STORY CHAIL ISSUE				
	PO BOX 1626 SANTA ROSA BEACH FL 32459		3. Date Incorporated or Qualified 10/31/1963				
			4. FEI Number	Applied For Not Applicat			
I Place of Rusiness	2. Mailing Ar	dress	39 3223120				
-			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Suite, Apt. #, etc. Suite, Apt. #, etc.		#, etc.	6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee				
		te .					
23			7. Is this nonprofit corporation a nomeowners association?				
Country	Zip	Country	8. This corporation owes or has paid the curre	nt year Intangible			
25	29	30	Personal Property Tax due June 30.	Yes 🖸 No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent					
MELALEVCA SE		81 Name 82 Street /					
	ITS WAY A BEACH FL 32459 I Place of Business pt. #, etc. tate Country 25	PO BOX 1626 A BEACH FL 32459 I Place of Business 2a. Mailing Ac 26 Dt. #, etc. City & Sta 28 Country 25 29 9. Name and Address of Current Registered Agen JR J A MELALEVCA SE	PO BOX 1626 SANTA ROSA BEACH FL 32459 I Place of Business 2a. Mailing Address 26 Dt. #, etc. Suite, Apt. #, etc. 27 tate City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent A BEACH FL 32459 PO BOX 1626 SANTA ROSA BEACH FL 32459 Country 26 Suite, Apt. #, etc. 27 Country 29 30 1 Name 25 Street Street	A BEACH FL 32459 PO BOX 1626 SANTA ROSA BEACH FL 32459 I Place of Business 2a. Mailing Address 25 pt. #, etc. Suite, Apt. #, etc. City & State Country Zip Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MELALEVCA SE			

84 City

44 Director	to the provinces of Castiana 617 0500 and 617 150	10 Florida Ctatudas		Annuaration authorita t	hia atataanaat fartta a.	· · · · · · · · · · · · · · · · · · ·				
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 Stream profit or crimed parent if registered agent and title it applicable (NOTE Registered Agent signature required when reinstating)										
Signature, typic or 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 OFFICE		IS IN 12			
TITLE	PD	DELETE	1.1 TI LE	70		Change	☐ Addition			
NAME	CAPO, JAMES		1.2 N/ME	CARD JOH	129					
STREET ADDRESS	4751 46TH ST. N.		1.3 STREET ADDRESS	195 PRO	Priets PARKITOSA BE	uau				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	SANTA	ROSK BR	ach fl s	a454			
TITLE	D	DELETE	2.1 TITLE		- -	Change	Addition			
NAME	CAPO, ROBERT		2.2 NAME							
STREET ADDRESS	790 RIVER RD.		2.3 STREET ADDRESS							
CITY-ST-ZIP	BEAVER PA 15009		2. 4 CITY-ST-ZIP							
TITLE	0	DELETE	3.1 TITLE	D .	~	Change	☐ Addition			
NAME	CAPO, JENNIFER		3.2 NAME	CARDIC	JENNITER	-				
STREET ADDRESS	1412 LORENZO #6		3.3 STHEET ADDRESS	5128	spring was	b				
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP	TAMPA	Jennifer Spring was	33624				
TITLE	D	DELETE	4.1 TITLE			Change	Addition			
NAME	CAPO, IDA		4. 2 NAME							
STREET ADDRESS	328 OLIVIA		4.3 STREET ADDRESS							
CITY-ST-ZIP	VAN PORT PA 15009		4.4 CITY-ST-ZIP							
TITLE	D	DELETE	5.1 TITLE		<u> </u>	☐ Change	Addition			
NAME	Capo, Robert		5.2 NAME							
STREET ADDRESS	790 RIVER RD.		5.3 STREET ADDRESS							
CITY-ST-ZIP	BEAVER PA 15009		5.4 CITY - ST - ZIP							
TITLE	T\$	DELETE	6.1 TITLE	<u> </u>		Change	Addition			
NAME	CAPO, JAMES JR.		6.2 NAME							
STREET ADDRESS	2902 MELALEUCA		6.3 STREET ADDRESS							
CITY-ST-29P	PORT ST. LUCIE FL		6.4 CITY - ST-ZIP							
14 I horoby o	ertify that the information supplied with this fiting d	and not quelify for t	he exercises state	d in Contino 110 07/2	Vi) Florida Statutas Life	ethor portify that the	information			

indicated on this annual report or supplied with this litting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is rupplemental 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 of an attachment with an address.

SIGNATURE:

FILED

May 18 1998 8:00am

Secretary of State

- I CORNER DE LA CELLE EN EL BARRE DE LA BARRE EL BARRE

85 Zip Code