


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706352					
1. Corporation Name CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.					
Principal Place of Business 140 PROPHETS WAY SANTA ROSA BEACH FL 32459			Mailing Address PO BOX 1626 SANTA ROSA BEACH FL 32459		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/31/1963 4. FEI Number 59-3223726 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent CAPO, JR J A 2902 MELALEUCA SE PORT ST LUCIE FL 34952			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 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 OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPO, JAMES		1.2 NAME		
STREET ADDRESS	195 PROPHETS PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPO, JENNIFER		3.2 NAME	CAPO JENNIFER	
STREET ADDRESS	5128 SPRINGWOOD		3.3 STREET ADDRESS	2902 MELALEUCA	
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	TS	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPO, JAMES JR.		6.2 NAME	CAPO JAMES JR	
STREET ADDRESS	2902 MELALEUCA		6.3 STREET ADDRESS	2902 SE MELALEUCA	
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

Daytime Phone #

CR2E037 (1/198)