

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706352

1. Entity Name

CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90026 026 ****61.25

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

3. Mailing Address

336 AVOCADO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

4. FEI Number

59-3223726

Applied For

Not Applicable

Zip

Country

34207

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CAPO, JR J A
2902 MELALEUCA SE
PORT ST LUCIE FL 34952

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CAPO, JAMES
STREET ADDRESS 195 PROPHETS PKWY
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAPO, ROBERT
STREET ADDRESS 790 RIVER RD.
CITY-ST-ZIP BEAVER PA 15009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAPO, JENNIFER
STREET ADDRESS 2902 MELALEUCA
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAPO, ROBERT
STREET ADDRESS 790 RIVER RD.
CITY-ST-ZIP BEAVER PA 15009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME CAPO, JAMES JR.
STREET ADDRESS 2902 SE MELALEUCA
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)