DOCUMENT # 706352

Entity Name

CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC

(LA)

FILED
Sep 21, 2001 8:00 am
Secretary of State
09-21-2001 90001 009 ****70.00

Principal Place of Business	Mailing Address
195 PROPHETS PKWY SANTA ROSA BEACH FL 32459	146 MAGNOLIA CREEK RD SANTA ROSA BEACH FL 32459

2. Principal Place of Business	3. Mailing Address
195 Prophets Pkwy	146 Magnolia Creek Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Beach FL	City & State: Santa Rosa Beach FL
Zip: 32459 Country: USA	Zip: 32459 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593223726 ☐ Applied For ☐ Not Applicable

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
JAMES A CAPO JR. 502 BELLWORTH AVE N.W JENSEN BEACH FL 34957	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAPO JAMES 146 MAGNOLIA CREEK Rd SANTA ROSA BCH FL 32459 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAPO JAMES A. SR 146 MAGNOLIA CREEK RD SANTA ROSA BCH FL 3245 ☑ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPO, IDA 329 OLIVIA VONPORT PO 1500A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD CAPO, JAMES JR 34952 2902 MELALEUCA PORT ST LUCIE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD CAPO JAMES JR 502 BELLWORTH AVE N W JENSEN BEACH FL 34957 ☑ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENNIFER CAPO 2902 SE MELELUCA PORT ST LUCIE FL 34952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPO JENNIFER 502 BELLWORTH AVE N.W JENSEN BEACH FL 34957 ☑ Change ☐ Additi
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Capo 9/19/01 850-622-2722

attachment
#706352
9/19/01

Date August 31, 2001
146 Magnolia Creek Rd
Santa Rosa Beach Fl 32459
UBR Document #706352,

Dear Legislator,

This report filed was filed 4/29/01.

Please send us a certified copy of the UBR for our files.

Thank You

James A Capo, President