

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90229 003 ****70.00

DOCUMENT # 706352

1. Entity Name

CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

**195 PROPHETS PWY
 SANTA ROSA BEACH FL 32459**

**146 MAGNOLIA CREEK RD
 SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3223726

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPO, JR J A
 146 MAGNOLIA CREEK RD
 SANTA ROSA BEACH FL 32459**

Name

MARSHA P. CAPO

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

146 MAGNOLIA CREEK RD

City

SANTA ROSA BCH

FL

Zip Code

32459

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

MARSHA P. CAPO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.



**\$5.00 May Be
 Added to Fees**

**CK # 0990
 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 A SR**
 STREET ADDRESS **146 MAGNOLIA CREEK RD**
 CITY-ST-ZIP **SANTA ROSA BCH FL**

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 **TSD** ☐ Delete
 NAME **CAPO, JAMES JR**
 STREET ADDRESS **502 BELLWORTH AV NW**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

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 **TSD** ☐ Change ☒ Addition
 NAME **MARSHA P. CAPO**
 STREET ADDRESS **146 MAGNOLIA CREEK RD**
 CITY-ST-ZIP **SANTA ROSA BCH FL 32459**

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 OF JAMES A. CAPO

Date

Daytime Phone #

4/27/02 850-543 0956 w

CR2E037 (9/01)