


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90982 009 ****61.25

DOCUMENT # 706352	
1. Entity Name CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.	

Principal Place of Business 195 PROPHETS PKWY SANTA ROSA BEACH, FL 32459	Mailing Address 195 PROPHETS PARKWAY SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24055492



02102004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3223726	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPO, MARSHA P 195 PROPHETS PKWY SANTA ROSA BEACH, FL 32459	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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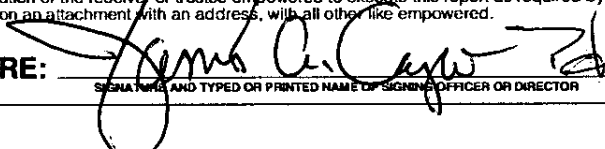
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required for reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPO, JAMES A SR 146 MAGNOLIA CREEK RD SANTA ROSA BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPO JAMES SR 195 PROPHETS PKWY SANTA ROSA BCH FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAPO, JAMES JR 502 BELLWORTH AV NW JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPO, IDA 328 OLIVIA VAN PORT, PA 15009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAPO, MARSHA P 146 MAGNOLIA CREEK RD SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MARSHA P CAPO 195 PROPHETS PKWY SANTA ROSA BCH FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	4/20/04	678-617-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #