

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90468 049 \*\*\*\*61.25

**DOCUMENT # 706352**

1. Entity Name  
**CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.**



Principal Place of Business  
**195 PROPHETS PWY  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**195 PROPHETS PARKWAY  
SANTA ROSA BEACH, FL 32459**

**60032452**



2. Principal Place of Business  
**146 MAGNOLIA CRK RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**146 MAGNOLIA CRK RD**  
Suite, Apt. #, etc.

04252006 Chg-NP CR2E037 (11/05)

City & State  
**SANTA ROSA BCH FL**  
Zip  
**32459**  
Country  
**USA**

City & State  
**SANTA ROSA BCH FL**  
Zip  
**32459**  
Country  
**USA**

4. FEI Number  
**59-3223726**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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  
**CAPO MARSHA P**  
Street Address (P.O. Box Number is Not Acceptable)  
**146 MAGNOLIA CRK 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **x Marsha P. Capo**

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/06**  
DATE

**Filing Fee Is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TSD  
CAPO, MARSHA P  
195 PROPHETS PKWY  
SANTA ROSA BEACH, FL 32459** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD CAPO, JAMES SR  
146 MAGNOLIA CRK RD  
SANTA ROSA BCH FL 32459** ☒ Change ☐ Addition

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **James A. Capo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/06 678-6179119**  
Date Daytime Phone #