


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90166 008 \*\*\*\*61.25

<b>DOCUMENT # 706352</b> 1. Entity Name <b>CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.</b>			
Principal Place of Business 146 MAGNOLIA CRK RD SANTA ROSA BEACH, FL 32459		Mailing Address 146 MAGNOLIA CRK RD SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box # <b>106 CAPRI CT N</b> Suite, Apt. #, etc.		3. Mailing Address <b>106 CAPRI CT N</b> Suite, Apt. #, etc.	
City & State <b>PLANT CITY FL</b> Zip <b>33566</b>		City & State <b>PLANT CITY FL</b> Zip <b>33566</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3223726</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAPO, MARSHA P</b> <b>146 MAGNOLIA CRK RD</b> <b>SANTA ROSA BEACH, FL 32459</b>		7. Name and Address of New Registered Agent Name <b>CAPO MARSHA P</b> Street Address (P.O. Box Number is Not Acceptable) <b>106 CAPRI CT N</b> City <b>PLANT CITY</b> FL Zip Code <b>33566</b>	
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 <b>Marsha P. Capo</b> DATE <b>4/16/07</b> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPO, JAMES A SR 146 MAGNOLIA CRK RD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAPO, MARSHA P 146 MAGNOLIA CRK RD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAPO MARSHA P 106 CAPRI CT N PLANT CITY FL 33566	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAPO MARSHA P 106 CAPRI CT N PLANT CITY FL 33566	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAPO MARSHA P 106 CAPRI CT N PLANT CITY FL 33566	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>James A. Capo</b> <b>RESIDENT</b>		Date <b>4/16/07</b> Daytime Phone # <b>678-617 9119</b>	