2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 706352

Entity Name: CHRISTIAN ASSEMBLY OF ST. PETERSBURG, INC.

Current Principal Place of Business:

106 CAPRI CT N
PLANT CITY, FL 33566

New Principal Place of Business:

195 PROPHETS PKWY
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

106 CAPRI CT N
PLANT CITY, FL 33566

New Mailing Address:

195 PROPHETS PKWY
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3223726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPO, MARSHA P
106 CAPRI CT N
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

CAPO, MARSHA P
195 PROPHETS PKWY
SANTA ROSA BEACH, FL 32459 US

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 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAPO, JAMES A SR
Address: 106 CAPRI CT N
City-St-Zip: PLANT CITY, FL 33566

Title: TSD ( ) Delete
Name: CAPO, JAMES JR
Address: 502 BELLWORTH AV NW
City-St-Zip: JENSEN BEACH, FL 34957

Title: TSD ( ) Delete
Name: CAPO, MARSHA P
Address: 106 CAPRI CT N
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAPO, JAMES A SR
Address: 195 PROPHETS PKWY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change ( ) Addition
Name: CAPO, MARSHA P
Address: 195 PROPHETS PKWY
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A CAPO SR PD 04/15/2009
Electronic Signature of Signing Officer or Director Date