

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706352

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

195 PROPHETS PKWY  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

195 PROPHETS PKWY  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**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  
195 PROPHETS PKWY  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES A CAPO SR

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date