FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90145 028 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706352

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

Principal Place of Business	Mailing Address
195 PROPHETS PWY SANTA ROSA BEACH, FL 32459	146 MAGNOLIA CREEK RD SANTA ROSA BEACH, FL 32459

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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
CAPO, MARSHA P 146 MAGNOLIA CREEK RD SANTA ROSA BEACH, FL 32459	Name: MARSITA P. CAPO Street Address (P.O. Box Number is Not Acceptable): 195 PROPHETS PKWY 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: Marsha P. Capo
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when eliminating) DATE

FILE NOW. FEE IS $61.25

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		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 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD CAPO, JAMES JR 602 BELLWORTH AV NW JENSEN BEACH, FL 34957 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPO, IDA 328 OLIVIA VAN PORT, PA 16009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD CAPO, MARSHA P 146 MAGNOLIA CREEK RD SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/02)

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: [signature] 5/05/03 $50 622-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #