

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00-AM
Secretary of State

DOCUMENT # 770338

1. Entity Name
CHRISTOPHER ASSURANCE, INC.



Principal Place of Business
**6363 9TH AVE N
POB 40200
ST PETERSBURG, FL 33743**

Mailing Address
**6363 9TH AVE N
POB 40200
ST PETERSBURG, FL 33743**



03192004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2356987

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIVITO, JOSEPH A
4514 CENTRAL AVENUE
SAINT PETERSBURG, FL 33711**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000139019
04/29/04-80103-005 367.50**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULDOON, BRENDAN
STREET ADDRESS	6363 9TH AVENUE NO.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	ST
NAME	WARD, PAUL A. JR.
STREET ADDRESS	6363 9TH AVENUE NO.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	VD
NAME	GIBBONS, ROBERT C.
STREET ADDRESS	6363 9TH AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	C
NAME	LYNCH, ROBERT
STREET ADDRESS	6363 9TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	VD
NAME	WEBER, ALAN
STREET ADDRESS	6363 9TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	VD
NAME	DEPTULA, ELIZABETH
STREET ADDRESS	6363 9TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth M Deptula 4/26/04

727-344-1611