2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 770338

Entity Name: CHRISTOPHER ASSURANCE, INC.

Current Principal Place of Business:

6363 9TH AVE N
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2356987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A
4514 CENTRAL AVENUE
SAINT PETERSBURG, FL 33711 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:	C	( ) Delete
Name:	LYNCH, ROBERT N REV.	
Address:	6363 9TH AVENUE NO.	
City-St-Zip:	ST. PETERSBURG, FL 33710	
Title:	D/P	( ) Delete
Name:	MORRIS, ROBERT REV.	
Address:	6363 9TH AVENUE NO.	
City-St-Zip:	ST. PETERSBURG, FL 33710	
Title:	D/VP	( ) Delete
Name:	DEPTULA, ELIZABETH	
Address:	6363 9TH AVE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33710	
Title:	D/VP	( ) Delete
Name:	MURPHY, FRANK	
Address:	6363 9TH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33710	
Title:	S	( ) Delete
Name:	MORGAN, JOAN	
Address:	6363 9TH AVE N	
City-St-Zip:	ST. PETERSBURG, FL 33710	
Title:	T	( ) Delete
Name:	WARD, PAUL	
Address:	6363 9TH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33710	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSEPH A. DIVITO RA 04/14/2009

Electronic Signature of Signing Officer or Director — Date