

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770338

FILED
Apr 27, 2012
Secretary of State

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: D/C
Name: LYNCH, ROBERT N REV.
Address: 6363 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D/P
Name: MORRIS, ROBERT REV.
Address: 6363 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D/V
Name: DEPTULA, ELIZABETH M
Address: 6363 9TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D/V
Name: MURPHY, FRANK V
Address: 6363 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D/S
Name: MORGAN, JOAN
Address: 6363 9TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: T
Name: WARD, PAUL
Address: 6363 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

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: JOSEPH A. DIVITO

RA

04/27/2012

Electronic Signature of Signing Officer or Director

Date