

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10014

1. Entity Name

CALVARY ASSEMBLY OF GOD OF PORT ST. LUCIE, INC.

Principal Place of Business

Mailing Address

CALVARY ASSEMBLY OF GOD OF PORT ST. LUCIE  
2250 WALTON RD.  
PORT ST. LUCIE FL 34952

CALVARY ASSEMBLY OF GOD OF PORT ST. LUCIE  
2250 WALTON RD.  
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2372712

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

CARRARA, MARK  
6708 SE AMYTIS CT  
STYART FL 34952

AMRIS  
Stuart

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME AIELLO, ANDREW  
STREET ADDRESS 873 SE KENDALL  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME MCCALLISTER, JOHN A.  
STREET ADDRESS 862 SE CELTIC AVENUE  
CITY-ST-ZIP PT. ST. LUCIE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE E  
NAME RUSSELL, GREGORY  
STREET ADDRESS 1274 SW MAPLEWOOD DR.  
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BAKER, JOHN  
STREET ADDRESS 100 TODD AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MRAZ, GEORGE  
STREET ADDRESS 249 N QUICK CIRCLE  
CITY-ST-ZIP PORT ST LUCIE FL 34953 ☐ 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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90358 001 \*\*\*\*\*8.75

02-04-2002 90358 002 \*\*\*\*\*61.25

11040



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)