

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10014

FILED
Jan 05, 2007
Secretary of State

Entity Name: CALVARY ASSEMBLY OF GOD OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2372712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRARA, MARK
2250 SE WALTON RD
PORT SAINT LUCIE, FL 34952 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 () Delete
Name: AIELLO, ANDREW
Address: 873 SE KENDALL
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD () Delete
Name: MCCALLISTER, JOHN A.
Address: 862 SE CELTIC AVENUE
City-St-Zip: PT ST. LUCIE, FL

Title: E () Delete
Name: PORTALEA, CARLOS
Address: P O BOX 884
City-St-Zip: JUPITER, FL 33468

Title: D () Delete
Name: SMITH, SCOTT
Address: 2972 SE MELALEUCA BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: JONES, LEE
Address: 2991 SW VITTORIO ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: DENT, JOE
Address: 117 NW BERKELEY AVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D () Change (X) Addition
Name: BAKER, JR, JOHN
Address: 8059 SPENDTHRIFT LN
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK CARRARA

RA

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date