2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N10014

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	(X) Delete
Name:	DENT, JOE	
Address:	117 NW BERKELEY AVE	
City-St-Zip:	PORT ST LUCIE, FL 34986	
Title:	D	( ) Delete
Name:	BAKER, JR, JOHN	
Address:	8059 SPENDTHRIFT LN	
City-St-Zip:	PORT ST LUCIE, FL 34986	

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: ANDREW AIELLO D 01/17/2008

Electronic Signature of Signing Officer or Director — Date