

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10014

FILED  
Jan 16, 2009  
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: 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: SD (X) Change ( ) Addition  
Name: MCCALLISTER, JOHN A.  
Address: 862 SE CELTIC AVENUE  
City-St-Zip: PT ST. LUCIE, FL 34952

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: MARK CARRARA

MR

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date