

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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**Current Mailing Address:**CALVARY ASSEMBLY OF GOD OF PORT ST.LUCIE  
2250 WALTON RD.  
PORT ST. LUCIE, FL 34952**FEI Number: 59-2372712****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CARRARA, MARK PASTOR  
2250 SE WALTON RD  
PORT SAINT LUCIE, FL 34952 US*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**Officer/Director Detail :**

Title	T
Name	AIELLO, ANDREW
Address	873 SE KENDALL
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	DEACON
Name	PORTALEA, CARLOS
Address	P O BOX 884
City-State-Zip:	JUPITER FL 33468

Title	DEACON
Name	BATHER, EVERTON
Address	5815 NW BURRI COURT
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	DEACON
Name	BAKER, JR, JOHN
Address	8059 SPENDTHRIFT LN
City-State-Zip:	PORT ST LUCIE FL 34986

Title	DEACON
Name	SINGH, DAVID
Address	185 SE OSPREY RIDGE
City-State-Zip:	PORT ST LUCIE FL 34984

Title	EXECUTIVE SECRETARY
Name	JACOBSON, LILLIAN I
Address	1450 SW SAN ESTEBAN AVE
City-State-Zip:	PORT ST LUCIE FL 34953

*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: LILLIAN JACOBSON****ADMINISTRATOR****03/18/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date