2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10014

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

FILED
Jan 15, 2015
Secretary of State
CC4017729238

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: Yes

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 Title DEACON

Name AIELLO, ANDREW Name PORTALEA, CARLOS

Address 873 SE KENDALL Address P O BOX 884

City-State-Zip: PORT SAINT LUCIE FL 34983 City-State-Zip: JUPITER FL 33468

Title DEACON Title DEACON

Name BATHER, EVERTON Name BAKER, JR, JOHN

Address 5815 NW BURRI COURT Address 8059 SPENDTHRIFT LN

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT ST LUCIE FL 34986

Title DEACON Title EXECUTIVE SECRETARY

Name SINGH, DAVID Name JACOBSON, LILLIAN I

Address 185 SE OSPREY RIDGE Address 1450 SW SAN ESTEBAN AVE

City-State-Zip: PORT ST LUCIE FL 34984 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

EXECUTIVE SECRETARY 01/15/2015

Date