

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10014

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

FILED
Feb 08, 2019
Secretary of State
7594102775CC

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 WALKER , JERQUIAS
Address 419 NW KILPATRICK AVE
City-State-Zip: PORT SAINT LUCIE FL 34983

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

Title DEACON
Name CLARK, TERRY
Address 2751 FLORIDA AVE
City-State-Zip: STUART FL 34994

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 I JACOBSON

SECRETARY

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date