

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N18000000643

**Entity Name:** CALVARY PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

5555 NW SAINT JAMES DR  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

5555 NW SAINT JAMES DR  
PORT ST LUCIE, FL 34983 US

**FEI Number:** 82-4280157

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAUL R. ALFIERI, P.L.  
5114 NW 57TH DR.  
CORAL SPRINGS, FL 33067 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 DIRECTOR, VP  
Name CHINELLY, JOHN  
Address 5555 NW SAINT JAMES DR  
City-State-Zip: PORT ST LUCIE FL 34983

Title DIRECTOR, TREASURER,  
SECRETARY  
Name HOLLEY, LEE  
Address 5555 NW SAINT JAMES DR  
City-State-Zip: PORT ST LUCIE FL 34983

Title DIRECTOR, PRESIDENT  
Name PLOURDE, DANIEL  
Address 5555 NW SAINT JAMES DR  
City-State-Zip: PORT ST LUCIE FL 34983

Title DIRECTOR, CHAIRMAN  
Name WIGGINS, MICHAEL  
Address 5555 NW SAINT JAMES DR  
City-State-Zip: PORT ST LUCIE FL 34983

Title DIRECTOR, ASST. SECRETARY  
Name WIGGINS, STACY  
Address 5555 NW SAINT JAMES DR  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** DANIEL PLOURDE

**PRESIDENT**

**05/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date