2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005
Secretary of State

DOCUMENT# N04000012052

Entity Name: CALVARY CHAPEL PORT SAINT LUCIE WEST, INC.

Current Principal Place of Business:

1842 SW WHIPPLE AVE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1842 SW WHIPPLE AVE
PORT ST LUCIE, FL 34953

New Mailing Address:

P.O. BOX 880665
PORT ST LUCIE, FL 34988

FEI Number: 20-0904790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIGGINS, MICHAEL
1842 SW WHIPPLE AVE
PORT ST LUCIE, FL 34953 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: WIGGINS, MICHAEL
Address: 1842 SW WHIPPLE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: PLOURDE, DAN
Address: 12925 159TH COURT N
City-St-Zip: JUPITER, FL 33478

Title: D ( ) Delete
Name: DAVIDSON, TIMOTHY
Address: 3329 NW 55TH STREET BLDG 13
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: HOLLEY, LEE
Address: 4263 SW UTTERBACK ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete
Name: YEBBA, SCOTT
Address: 841 POPLAR DR
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: LEE HOLLEY D 02/05/2005

Electronic Signature of Signing Officer or Director — Date