2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000012052

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

Current Principal Place of Business:

600 PEACKCOCK BLVD
SUITE 1
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

600 PEACKCOCK BLVD
SUITE 1
PORT ST LUCIE, FL 34986

New Mailing Address:

590 PEACKCOCK BLVD
SUITE 10
PORT ST LUCIE, FL 34986

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

Name and Address of Current Registered Agent:

HOLLEY, LEE
600 PEACKCOCK BLVD
SUITE 1
PORT ST LUCIE, FL 34986 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: O ( ) Delete
Name: WIGGINS, MICHAEL
Address: 6000 PEACKCOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: O ( ) Delete
Name: KUNNATH, WILLIAM
Address: 6000 PEACKCOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: O ( ) Delete
Name: WEHRELL, JACK
Address: 6000 PEACKCOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: O ( ) Delete
Name: HOLLEY, LEE
Address: 600 PEACKOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: WIGGINS, MICHAEL
Address: 600 PEACKCOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: O (X) Change ( ) Addition
Name: PLOURDE, DANIEL
Address: 600 PEACKCOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

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

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

Title: D ( ) Change (X) Addition
Name: COOPER, ROBERT
Address: 600 PEACKOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 O 01/16/2009

Electronic Signature of Signing Officer or Director — Date