

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012052

FILED  
Jan 19, 2012  
Secretary of State

**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:**

590 PEACOCK BLVD  
SUITE 10  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

590 PEACKCOCK BLVD  
SUITE 10  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

590 PEACOCK BLVD  
SUITE 10  
PORT SAINT 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:**

HOLLEY, LEE  
590 PEACOCK BLVD  
SUITE 10  
PORT SAINT LUCIE, FL 34986 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: LEE HOLLEY

01/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: WIGGINS, MICHAEL  
Address: 590 PEACOCK BLVD, SUITE 10  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: O  
Name: PLOURDE, DANIEL  
Address: 590 PEACOCK BLVD, SUITE 10  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: O  
Name: WEHRELL, JACK  
Address: 590 PEACOCK BLVD, SUITE 10  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: O  
Name: HOLLEY, LEE  
Address: 590 PEACOCK BLVD, SUITE 10  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: O  
Name: CHINELLY, JOHN  
Address: 590 PEACOCK BLVD, SUITE 10  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: LEE HOLLEY

O

01/19/2012

Electronic Signature of Signing Officer or Director

Date