

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003281

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: CALVARY CHAPEL TREASURE COAST, INC.

**Current Principal Place of Business:**

10698 S FEDERAL HWY  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

10698 S FEDERAL HWY  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 59-3461787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DALTON, LOGAN  
10698 S. FERERAL HWY  
PORT SAINT LUCIE, FL 34952 US

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

VITALE, PETER  
10698 S. FERERAL HWY  
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: PETER VITALE

03/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: DALTON, LOGAN PASTOR  
Address: 608 SE BARR ST  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: ST (X) Delete  
Name: CANTARA, JO F  
Address: 1460 SE VESTHAVEN CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T (X) Delete  
Name: VITALE, PETER A  
Address: 4409 SW IDLEWILD ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: VITALE, PETER PASTOR  
Address: 4409 SW IDLEWILD ST.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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 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: PETER VITALE

PSD

03/29/2007

Electronic Signature of Signing Officer or Director

Date