

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012052

Entity Name: CALVARY CHAPEL PORT SAINT LUCIE WEST, INC.**Current Principal Place of Business:**5555 NW ST JAMES DRIVE
PORT SAINT LUCIE, FL 34983**Current Mailing Address:**5555 NW ST JAMES DRIVE
PORT SAINT LUCIE, FL 34983 US**FEI Number:** 20-0904790**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL R. ALFIERI, P.L.
5143 NW 42ND TERRACE
COCONUT CREEK, FL 33073 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:** PAUL R. ALFIERI

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR, VP
Name WEHRELL, JACK
Address 5555 NW ST JAMES DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34983

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

Title DIRECTOR, VP
Name CHINELLY, JOHN
Address 5555 NW ST JAMES DRIVE
City-State-Zip: PORT SAINT 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

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date