

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N18000000643

Entity Name: CALVARY PORT ST. LUCIE, INC.

Current Principal Place of Business:

5555 NW SAINT JAMES DR
PORT ST LUCIE, FL 34983

Current Mailing Address:

5555 NW SAINT JAMES DR
PORT ST LUCIE, FL 34983 US

FEI Number: 82-4280157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL R. ALFIERI, P.L.
5114 NW 57TH DR.
CORAL SPRINGS, FL 33067 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name CHINELLY, JOHN
Address 5555 NW SAINT JAMES DR
City-State-Zip: PORT ST LUCIE FL 34983

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

Title ASST. SECRETARY
Name WIGGINS, STACY
Address 5555 NW SAINT JAMES DR
City-State-Zip: PORT ST LUCIE FL 34983

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

Title DIRECTOR, CHAIRMAN
Name WIGGINS, MICHAEL
Address 5555 NW SAINT JAMES DR
City-State-Zip: PORT ST 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

11/10/2021

Electronic Signature of Signing Officer/Director Detail

Date