

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767958

(2)

1. Corporation Name

CALVARY FULL GOSPEL TABERNACLE, INC.

Principal Place of Business

% WETHERINGTON, JOHN C.  
RT 3 BOX 367-F  
CHIEFLND FL 32626-9803

Mailing Address

% WETHERINGTON, JOHN C.  
RT 3 BOX 367-F  
CHIEFLND FL 32626-9803



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 P.O. Box 1790

Suite, Apt. #, etc.

27

28 Chiefland Fla

29 Zip Country

30 Levy

3. Date Incorporated or Qualified

04/14/1983

3a. Date of Last Report

01/23/1995

4. FEI Number

59-2304682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2351 NW 110th St.

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WETHERINGTON, JOHN C.  
STREET ADDRESS RT. 3 BOX 367-F  
CITY-ST-ZIP CHIEFLND FL

☐ DELETE

TITLE VD  
NAME BROWN, RICHARD E., SR.  
STREET ADDRESS BOX 519, N/A  
CITY-ST-ZIP ODESSA FL

☐ DELETE

TITLE SD  
NAME DUNNE, RITA  
STREET ADDRESS 6415 EDEN LANE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE TD  
NAME WETHERINGTON, KAREN  
STREET ADDRESS RT. 3 BOX 367-F  
CITY-ST-ZIP CHIEFLND FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

2351 N.W. 110th St

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

2351 NW 110th St.

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KAREN M. WETHERINGTON, Treasurer

KAREN M. WETHERINGTON

Date

1-19-96 904 493-9077

CR2E037 (12/95)