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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767958** (2)

1. Corporation Name

CALVARY FULL GOSPEL TABERNACLE, INC.

Principal Place of Business

Mailing Address

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

POST OFFICE BOX 1790
RT 3 BOX 367-F
CHIEFLND FL 32644-1790
US



3. Date Incorporated or Qualified
04/14/1983

3a. Date of Last Report
01/24/1996

2. Principal Place of Business	2a. Mailing Address
21 1821 N. Young Blvd	26 PO Box 1790
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Chiefland Fla	28 Chiefland Fla
24 32626	29 32644
25 USA	30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WETHERINGTON, JOHN C.S.
2351 NW 110TH STREET
CHIEFLND FL 32626

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETHERINGTON, JOHN C.	1.2 NAME	VD Gregory, Vicki K.
STREET ADDRESS	2351 NW 110TH STREET	1.3 STREET ADDRESS	1774 Coconut DR
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	Venice Florida 34293
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RICHARD E., SR.	2.2 NAME	
STREET ADDRESS	BOX 519, N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNE, RITA	3.2 NAME	
STREET ADDRESS	6415 EDEN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETHERINGTON, KAREN	4.2 NAME	
STREET ADDRESS	2351 NW 110TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/04/97 352 492-9077
Date Daytime Phone # 0011683

CR2E037 (9/96)