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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

**1821 N YOUNG BLVD  
CHIEFLND FL 32626  
US**

Mailing Address

**P O BOX 1790  
RT 3 BOX 367-F  
CHIEFLND FL 32644  
US**

3. Date Incorporated or Qualified

**04/14/1983**

4. FEI Number

**59-2304682**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

**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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WETHERINGTON, JOHN C.</b>	
STREET ADDRESS	<b>2351 NW 110TH STREET</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREGORY, VICKI K</b>	
STREET ADDRESS	<b>1774 COCONUT DR</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNNE, RITA</b>	
STREET ADDRESS	<b>6415 EDEN LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WETHERINGTON, KAREN</b>	
STREET ADDRESS	<b>2351 NW 110TH STREET</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DIRECTOR</b>
3.3 STREET ADDRESS	<b>VARITA Powers</b>
3.4 CITY-ST-ZIP	<b>8554 E. Henderson Trail Inverness, Fla 34450</b>

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, Treasurer** 1-06-98 358 493-9077

CR2E037 (10/97)