

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767958

1. Entity Name

CALVARY FULL GOSPEL TABERNACLE, INC.

FILED

00 AUG -7 PM 3:14

Principal Place of Business

5291 NW 140TH ST.  
CHIEFLAND FL 32626  
US

Mailing Address

P.O. BOX 1790  
CHIEFLAND FL 32644  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2304682

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WETHERINGTON, JOHN C.  
5291 NW 140TH ST.  
CHIEFLAND FL 32626

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 13; 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WETHERINGTON, JOHN C.	
STREET ADDRESS	5291 NW 140TH ST.	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WETHERINGTON, KAREN M	
STREET ADDRESS	5291 NW 140TH ST.	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GREGORY, VICKI K	
STREET ADDRESS	781 110TH TERRACE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, VARITA	
STREET ADDRESS	8554 E. HENDERSON TRAIL	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen M. Wetherington 7/25/00 352 493-2730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)