2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004
Secretary of State

DOCUMENT# 767958

Entity Name: CALVARY FULL GOSPEL TABERNACLE, INC.

Current Principal Place of Business:

5291 NW 140TH ST.
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1577
CHIEFLAND, FL 32644 US

New Mailing Address:

FEI Number: 59-2304682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WETHERINGTON, JOHN C, .
Address: 5291 NW 140TH ST.
City-St-Zip: CHIEFLAND, FL 32626 US

Title: VD ( ) Delete
Name: WETHERINGTON, KAREN M
Address: 5291 NW 140TH ST.
City-St-Zip: CHIEFLAND, FL 32626 US

Title: STD ( ) Delete
Name: GREGORY, VICKI K
Address: 781 110TH TERRACE
City-St-Zip: CHIEFLAND, FL 32626

Title: D (X) Delete
Name: POWERS, VARITA
Address: 8554 E. HENDERSON TRAIL
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KAREN M. WETHERINGTON VD 03/18/2004
Electronic Signature of Signing Officer or Director — Date