

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767958

FILED  
May 05, 2005  
Secretary of State

**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:**

7351 E. GOSPEL ISLAND ROAD  
INVERNESS, FL 34450 US

**Current Mailing Address:**

P.O. BOX 1577  
CHIEFLAND, FL 32644 US

**New Mailing Address:**

7351 E. GOSPEL ISLAND ROAD  
INVERNESS, FL 34450 US

**FEI Number:** 59-2304682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

WETHERINGTON, JOHN C.  
7351 E. GOSPEL ISLAND ROAD  
INVERNESS, FL 34450 US

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: JOHN C. WETHERINGTON

05/05/2005

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

**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:

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

05/05/2005

Electronic Signature of Signing Officer or Director

Date