

FILE NOW: FILING FEE AFTER <sup>2-17-95 8-1328-KC</sup> MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720696 (4)  
1. Corporation Name  
FULL GOSPEL INTERDENOMINATIONAL CHURCH CAMP, INC

FILED  
95 FEB 17 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
160 SOUTH ROMA WAY 160 SOUTH ROMA WAY  
KISSIMMEE FL 34746 KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/12/1971 3a. Date of Last Report 03/23/1994  
4. FEI Number 23-7361912 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 160 South Roma Way  
21 2a. Mailing Address  
22 Suite, Apt. #, etc. Suite, Apt. #, etc.  
23 Kissimmee, Fla. 34746 27 City & State  
24 Zip Country 25 Osceola 29 Zip Country 30

9. Name and Address of Current Registered Agent  
ZDANOWICZ, GALE  
615 MABEL AVENUE  
LAKELAND FL 33801

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	CULBERTSON, M E
STREET ADDRESS	402 7TH AVE
CITY-ST-ZIP	ELLEDALE MN 56026
TITLE	DV
NAME	HAYES, MACK
STREET ADDRESS	1271 JEFFERY
CITY-ST-ZIP	YPSILANTI MI 48198
TITLE	DV
NAME	VARNER, JAMES W
STREET ADDRESS	470 AVE C SE
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	DT
NAME	ZDANOWICZ, GALE
STREET ADDRESS	615 MABEL AVE
CITY-ST-ZIP	LAKELAND FL 33801
TITLE	DS
NAME	CULBERTSON, BEVERLY
STREET ADDRESS	402 7TH AVE
CITY-ST-ZIP	ELLEDALE MN 56026
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify 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 addition.

SIGNATURE: Gale Zdanowicz Treasurer Feb. 11, 1995 813-686-1464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR