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FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 120696 (4)

1. Corporation Name

Full Gospel Internomnational Church Camp, Inc.

Principal Place of Business

Mailing Address

160 S. Roma Way

Tussumee, Flc. 34746

3. Date Incorporated or Qualified

3a. Date of Last Report

04-12-1977 02-28-1996

4. FEI Number

Applied For

23-7361912

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZDANOWICZ, GALE
615 MADEL AVE.
LAKELAND, FLA. 33801

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 GALE ZDANOWICZ

Gale Zdanowicz, Treas. March 11, 1997

(Signature, typed or printed name of registered agent and title if applicable) (Not a registered agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRES./D	<input type="checkbox"/> DELETE
NAME	MEL E. CULBERTSON	
STREET ADDRESS	402 7th Ave.	
CITY-ST-ZIP	ELLENDALE, Minn. 56026	
TITLE	Vice Pres./D	<input type="checkbox"/> DELETE
NAME	Hayes, Macke	
STREET ADDRESS	1271 Jeffery	
CITY-ST-ZIP	Ann Arbor, Michigan 48106	
TITLE	Vice Pres.	<input type="checkbox"/> DELETE
NAME	Varner, James W.	
STREET ADDRESS	470 Ave. C. SE	
CITY-ST-ZIP	Winter Haven, Flc. 33880	
TITLE	Treas.	<input type="checkbox"/> DELETE
NAME	ZDANOWICZ, GALE	
STREET ADDRESS	615 Madel Ave.	
CITY-ST-ZIP	Lakeland, Flc. 33801	
TITLE	Sec.	<input type="checkbox"/> DELETE
NAME	Culbertson, Beverly	
STREET ADDRESS	402 7th Ave.	
CITY-ST-ZIP	Ellendale, Minn. 56026	

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	

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14. I do 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: GALE ZDANOWICZ

Gale Zdanowicz, Treas. 3-11-97

Date

Daytime Phone

941-686-1466

CR2E037 (9/96)