


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 30 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720696

(4)

1. Corporation Name

FULL GOSPEL INTERDENOMINATIONAL CHURCH CAMP, INC

Principal Place of Business

Mailing Address

160 S ROMA WAY  
KISSIMMEE FL 34748  
US

160 SOUTH ROMA WAY  
KISSIMMEE FL 34748

3. Date Incorporated or Qualified

04/12/1971

4. FEI Number

23-7361912

Applied For

Not Applicable

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 MABEL AVENUE  
LAKELAND FL 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, Treas.

(NOTE: Registered Agent signature required when reinstating)

Gale Zdanowicz, Treas. July 20, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
CULBERTSON, MEL E.  
STREET ADDRESS  
402 7TH AVE  
CITY-ST-ZIP  
ELLEDALE MN 56026

TITLE ☐ DELETE

NAME  
HAYES, MACK  
STREET ADDRESS  
1271 JEFFERY  
CITY-ST-ZIP  
YPSILANTI MI 48196

TITLE ☐ DELETE

NAME  
VARNER, JAMES W  
STREET ADDRESS  
470 AVE C SE  
CITY-ST-ZIP  
WINTER HAVEN FL 33880

TITLE ☐ DELETE

NAME  
ZDANOWICZ, GALE  
STREET ADDRESS  
615 MABEL AVE  
CITY-ST-ZIP  
LAKELAND FL 33801

TITLE ☐ DELETE

NAME  
CULBERTSON, BEVERLY  
STREET ADDRESS  
402 7TH AVE  
CITY-ST-ZIP  
ELLEDALE MN 56026

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, Treas.

July 20, 1998

Date

Daytime Phone #

686-1466

CR2E037 (5/96)

Division of Corp.,

After waiting for the 1998 Annual Report form, I never received it. I called these two numbers, 650-4889000 also 850-4870059.

This blank form was sent and I returned it that day.

I am sending this second notice form, signed it, and enclosing another check for \$1.25.

Please return the first check I sent you in April with the blank form for \$1.25

I have been the Treasurer for twenty years. All this is very unusual.

Thank you,  
Gale Zdanowicz, Treas.  
Full Gospel Camp

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Principal Place of Business Mailing Address  
140 S. Roma Way  
Kissimmee, Fla. 34746  
G.S.  
GALE ZDANOWICZ  
815 NABEL AVENUE  
LAKELAND FL 33801-1955

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 26 27 28 29 30

3. Date Incorporated or Qualified  
4-12-1971  
4. FEI Number 23-73661912 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. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
Zdanowicz, GALE  
615 Nabel Ave  
Lakeland, Fla. 33801  
GALE ZDANOWICZ  
815 NABEL AVENUE  
LAKELAND FL 33801-1955

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 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, Treas. Date April, 1998  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
12.1 NAME TITLE  
Brea Culbertson, Mel E. 56626  
402 7th Ave  
Ellendale, Minn  
12.2 NAME TITLE  
Dayer, Mack 48198  
1271 Gaffney  
Ypsilanti, Michigan  
12.3 NAME TITLE  
Tanner, James W. 33880  
470 Ave. C. S.E.  
Winter Bane, Fla  
12.4 NAME TITLE  
ZDANOWICZ, GALE 33801  
615 Nabel Ave.  
Lakeland, Fla  
12.5 NAME TITLE  
Culbertson, Beverly  
402 7th Ave.  
Ellendale, Minn. 56626  
12.6 NAME TITLE  
12.7 NAME TITLE  
12.8 NAME TITLE  
12.9 NAME TITLE  
12.10 NAME TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP  
13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP  
13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP  
13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP  
13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP  
13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP  
13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP  
13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP  
13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP  
13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP  
13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP  
13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP  
13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP  
13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP  
13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP  
13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP  
13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP  
13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP  
13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP  
13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP  
13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP  
13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP  
13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP  
13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP  
13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-ST-ZIP

14. 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 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, Treas. Date April 7, 1998 1-941-686-1466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

March 4, 1997

**GALE ZDANOWICZ**  
615 MABEL AVE  
LAKELAND, FL 33801-1955

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32317 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

**ANNUAL REPORTS SECTION**

Letter number: 697A00010987

/ah