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03-04-1999 90144 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720696

1. Corporation Name
FULL GOSPEL INTERDENOMINATIONAL CHURCH CAMP, INC

Principal Place of Business: 160 S ROMA WAY, KISSIMMEE FL 34746 US
 Mailing Address: 160 SOUTH ROMA WAY, KISSIMMEE FL 34746



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	04/12/1971
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	23-7361912
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			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

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 (Signature, typed or printed name of registered agent and title if applicable.)
Gale Zdanowicz, Treas (NOTE: Registered agent signature required when reinstating.)
 Date: March 1, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERTSON, MEL E.	1.2 NAME	
STREET ADDRESS	402 7TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELLEDALE MN 56026	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, MACK	2.2 NAME	
STREET ADDRESS	1271 JEFFERY	2.3 STREET ADDRESS	
CITY-ST-ZIP	YPSILANTI MI 48196	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNER, JAMES W	3.2 NAME	
STREET ADDRESS	470 AVE C SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZDANOWICZ, GALE	4.2 NAME	
STREET ADDRESS	615 MABEL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERTSON, BEVERLY	5.2 NAME	
STREET ADDRESS	402 7TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELLEDALE MN 56026	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Gale Zdanowicz, Treas (Signature and typed or printed name of signing officer or director)
 Date: March 1, 1999
 Daytime Phone #

CR2E037 (11/98)