

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90043 035 \*\*\*\*61.25

DOCUMENT # 720696

1. Entity Name

FULL GOSPEL INTERDENOMINATIONAL CHURCH CAMP, INC

Principal Place of Business

Mailing Address

160 S ROMA WAY  
 KISSIMMEE FL 34746  
 US

160 SOUTH ROMA WAY  
 KISSIMMEE FL 34746-6300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7361912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZDANOWICZ, GALE  
 615 MABEL AVENUE  
 LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

*Gale Zdanowicz, Treasurer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CULBERTSON, MEL E.	
STREET ADDRESS	402 7TH AVE	
CITY-ST-ZIP	ELLENDALE MN 56026	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAYES, MACK	
STREET ADDRESS	1271 JEFFERY	
CITY-ST-ZIP	YPSILANTI MI 48196	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VARNER, JAMES W	
STREET ADDRESS	470 AVE C SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ZDANOWICZ, GALE	
STREET ADDRESS	615 MABEL AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CULBERTSON, BEVERLY	
STREET ADDRESS	402 7TH AVE	
CITY-ST-ZIP	ELLENDALE MN 56026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gale Zdanowicz, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2000

Date

Daytime Phone #

CR2E037 (9/99)