

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90008 040 ****61.25

DOCUMENT # **720696**

1. Entity Name

Full Gospel InterDenominational Church Camp Inc.

Principal Place of Business

Mailing Address

**160 S RomaWay
 Kissimmee, fl. 34746**

**160 S RomaWay
 Kissimmee, fl. 34746**

2. Principal Place of Business

3. Mailing Address

150 So. RomaWay

150 So. RomaWay

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Kissimmee, Florida

Kissimmee, fl.

City & State

City & State

4. FEI Number

23-736-1912

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

34746

34746

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 **Betty Hayes**

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

150 So RomaWay

City

Kissimmee,

FL

Zip Code

34746

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 **BETTY HAYES**

Betty Hayes

3-12-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD Culbertson, Melf 402 7th Ave Ellendale, Mn. 56026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Hayes Mack 1271 Jeffery Ypsilanti, Mi. 48196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV. Varner James W 470 AVEC SE. Winter Haven. fl. 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Zdanowicz Gale 615 Mabel Ave Lakeland, fl. 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Culbertson Beverly 402-7th Ave Ellendale, Mn. 56026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Husmann Harry 13675 City Rd 25 Villard, Mn. 56385	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Betty Hayes 1271 Jeffery Ypsilanti, Mi. 48198	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Betty Hayes*

3-12-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)