

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 720696
 1. Entity Name
 FULL GOSPEL INTERDENOMINATIONAL CHURCH
 CAMP, INC



Principal Place of Business Mailing Address
 150 SO ROMA WAY 28278 US 2
 KISSIMMEE, FL 34746 US BEMIDJI, MN 56601 US



02212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 23-7361912 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLOOSTRA, JERRY
 146 SO ROMA WAY
 KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLOOSTRA, JERRY 107 FULTON BLVD. PARMA, MI 49269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CULBERTSON, PHILIP 4921 POLLACK AVE EVANSVILLE, IN 47715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VAUGHN, LOWELL 28278 US BEMIDJI, MN 56601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VAUGHN, SHIRLEY 28278 US 2 BEMIDJI, MN 56601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLOOSTRA, JAN 107 FULTON BLVD. PARMA, MI 49269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000242114
 02/24/05-80073-007 8.75

U00000242114
 02/24/05-80073-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Shirley Vaughn Shirley Vaughn 2/21/05 218-751-2349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #