

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 29, 2009
Secretary of State**

DOCUMENT# 720696

Entity Name: FULL GOSPEL INTERDENOMINATIONAL CHURCH CAMP, INC

Current Principal Place of Business:

150 SO ROMA WAY
KISSIMMEE, FL 34746 US

New Principal Place of Business:

150 SO ROMA WAY
KISSIMMEE, FL 34746 US

Current Mailing Address:

28278 US 2
BEMIDJI, MN 56601 US

New Mailing Address:

FEI Number: 23-7361912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KLOOSTRA, JERRY
146 SO ROMA WAY
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLOOSTRA, JERRY
Address: 107 FULTON BLVD.
City-St-Zip: PARMA, MI 49269

Title: DV () Delete
Name: CULBERTSON, PHILIP
Address: 4921 POLLACK AVE
City-St-Zip: EVANSVILLE, IN 47715

Title: DV () Delete
Name: VAUGHN, LOWELL
Address: 28278 US
City-St-Zip: BEMIDJI, MN 56601

Title: DT () Delete
Name: VAUGHN, SHIRLEY
Address: 28278 US 2
City-St-Zip: BEMIDJI, MN 56601

Title: DS () Delete
Name: KLOOSTRA, JAN
Address: 107 FULTON BLVD.
City-St-Zip: PARMA, MI 49269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SNYDER, DELBERT
Address: 517 CROCUS COURT
City-St-Zip: MURFREESBORO, TN 37128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY KLOOSTRA

DP

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date