

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90145 001 ****61.25
03-18-2003 90145 002 ****8.75

DOCUMENT # 720696

1. Entity Name

FULL GOSPEL INTERDENATIONAL
CHURCH CAMP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 S. ROMA WAY

3. Mailing Address

150 S. ROMA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

23-7361912

Applied For

Not Applicable

Zip

Country

34746

Zip

Country

34746

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name BETTY HAYES

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

150 S. ROMA WAY

City

KISSIMMEE

FL

Zip Code

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

BETTY HAYES

Betty Hayes

Inas.

March 13, 03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DD
NAME	CULBERTSON MEL E.
STREET ADDRESS	402 7TH AVE.
CITY-ST-ZIP	ELLENDALE, MN, 56026
TITLE	DV
NAME	HUSSMAN HARRY
STREET ADDRESS	13675 CTY RD 25 PO Box 68
CITY-ST-ZIP	VILLARD, MN, 56385
TITLE	DV
NAME	HAYES MACK
STREET ADDRESS	1271 JEFFERY
CITY-ST-ZIP	YPSILANTI, MI, 48198
TITLE	DT
NAME	HAYES BETTY
STREET ADDRESS	1271 JEFFERY
CITY-ST-ZIP	YPSILANTI, MI, 48198
TITLE	DS
NAME	CULBERTSON BEVERLY
STREET ADDRESS	402 7TH AVE
CITY-ST-ZIP	ELLENDALE, MN, 56026
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY HAYES - Betty Hayes Inas. March 13-03 402 79591

CR2E037B (12/02)