

**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  
150 SO ROMA WAY  
KISSIMMEE, FL 34746 US

Mailing Address  
28278 US 2  
BEMIDJI, MN 56601 US



02212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-7361912

Applied For  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	

U000000242114  
02/24/05-80073-007 8.75

U000000242114  
02/24/05-80073-008 61.25

**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)(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  
Date

218-751-2349  
Daytime Phone #