

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-01-2006 90019 010 ****70.00

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**

DO NOT WRITE IN THIS SPACE



66005808

02012006 No Chg-NP

CR2E037 (11/05)

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
4821 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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

Daytime Phone #



ATTACHMENT

66005808

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

FULL GOSPEL INTERDENOMINATIONAL CHURCH CAMP, INC
28278 US 2
BEMIDJI, MN 56601 US

Subject: **FULL GOSPEL INTERDENOMINATIONAL CHURCH CAMP, INC**

Reference Number: 720696

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION