2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 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 KISSIMMEE, FL 34746 US	28278 US 2 BEMIDJI, MN 56601 US

03072007 No Chg-NP CR2E037 (4/06)

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

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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 Gerald R. Kloostra (pres) 3/14/07
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, 2007

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

10. OFFICERS AND DIRECTORS

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

U00000671517
03/28/07-80031-020 61.25

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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: GERALD R. KLOOSTRA (PRES) Gerald R. Kloostra 3/14/07 517-262-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #