


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000781999 01/15/08-80057-003 61.25
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	KLOOSTRA, JERRY	
STREET ADDRESS	107 FULTON BLVD.	
CITY-ST-ZIP	PARMA, MI 49269	
TITLE	DV	
NAME	CULBERTSON, PHILIP	
STREET ADDRESS	4921 POLLACK AVE	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	EVANSVILLE, IN 47715	
TITLE	DV	
NAME	VAUGHN, LOWELL	
STREET ADDRESS	28278 US	
CITY-ST-ZIP	BEMIDJI, MN 56601	
TITLE	DT	DO NOT WRITE IN THIS SPACE
NAME	VAUGHN, SHIRLEY	
STREET ADDRESS	28278 US 2	
CITY-ST-ZIP	BEMIDJI, MN 56601	
TITLE	DS	
NAME	KLOOSTRA, JAN	
STREET ADDRESS	107 FULTON BLVD.	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	PARMA, MI 49269	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Janice E Kloostra</i> JANICE E. KLOOSTRA 1-9-08 517-812-9588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 517-812-4593		