

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720696

FILED  
Jun 29, 2009  
Secretary of State

**Entity Name:** FULL GOSPEL INTERDENOMINATIONAL CHURCH CAMP, INC

**Current Principal Place of Business:**

150 SO ROMA WAY  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

28278 US 2  
BEMIDJI, MN 56601 US

**New Mailing Address:**

150 SO ROMA WAY  
KISSIMMEE, FL 34746 US

**FEI Number:** 23-7361912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KLOOSTRA, JERRY  
146 SO ROMA WAY  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KLOOSTRA, JERRY  
Address: 107 FULTON BLVD.  
City-St-Zip: PARMA, MI 49269

Title: DV ( ) Delete  
Name: CULBERTSON, PHILIP  
Address: 4921 POLLACK AVE  
City-St-Zip: EVANSVILLE, IN 47715

Title: DV ( ) Delete  
Name: VAUGHN, LOWELL  
Address: 28278 US  
City-St-Zip: BEMIDJI, MN 56601

Title: DT ( ) Delete  
Name: VAUGHN, SHIRLEY  
Address: 28278 US 2  
City-St-Zip: BEMIDJI, MN 56601

Title: DS ( ) Delete  
Name: KLOOSTRA, JAN  
Address: 107 FULTON BLVD.  
City-St-Zip: PARMA, MI 49269

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: SNYDER, DELBERT  
Address: 517 CROCUS COURT  
City-St-Zip: MURFREESBORO, TN 37128

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY KLOOSTRA

DP

06/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date