

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

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 711798**

1. Entity Name  
**BASINGER CHRISTIAN BRETHERN CHURCH, INC.**



Principal Place of Business

**16525 HIGHWAY 98 NORTH  
OKEECHOBEE, FL 34972**

Mailing Address

**16525 HIGHWAY 98 NORTH  
OKEECHOBEE, FL 34972**

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**59-2457953**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BASS, ELDA MAE  
16525 HWY 98 N  
OKEECHOBEE, FL 34972**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000803408  
02/08/08-80021-005 70.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ARNOLD, KEVIN  
HWY 98 N  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAFLAM, DALE  
HWY 98 N  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LANIER, BETTY JEAN  
HWY 98 NORTH  
OKEECHOBEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ARNOLD, JESSE R.  
HWY 98 NORTH  
OKEECHOBEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
ARNOLD, MONROE  
HWY 98 N  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BASS, ELDA M  
HWY 98 N  
OKEECHOBEE, FL 34972**

**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:**

*Elda Mae Bass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Elda Mae Bass**

**1-28-08**

Date

Daytime Phone #