

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711798

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** BASINGER CHRISTIAN BROTHERN CHURCH, INC.

**Current Principal Place of Business:**

16525 HIGHWAY 98 NORTH  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

16525 HIGHWAY 98 NORTH  
OKEECHOBEE, FL 34972

**New Mailing Address:**

**FEI Number:** 59-2457953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASS, ELDA MAE  
16525 HWY 98 N  
OKEECHOBEE, FL 34972 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: D ( ) Delete  
Name: ARNOLD, KEVIN  
Address: HWY 98 N  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: LAFLAM, DALE  
Address: HWY 98 N  
City-St-Zip: OKEECHOBEE, FL 34972

Title: S ( ) Delete  
Name: LANIER, BETTY JEAN,  
Address: HWY 98 NORTH  
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete  
Name: ARNOLD, JESSE R.,  
Address: HWY 98 NORTH  
City-St-Zip: OKEECHOBEE, FL

Title: M ( ) Delete  
Name: ARNOLD, MONROE  
Address: HWY 98 N  
City-St-Zip: OKEECHOBEE, FL 34972

Title: T ( ) Delete  
Name: BASS, ELDA M  
Address: HWY 98 N  
City-St-Zip: OKEECHOBEE, FL 34972

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

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

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: ELDA MAE BASS

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date