FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **858297** **(5)**

1. Corporation Name
BILL BASANSKY MINISTRIES, INC.

Principal Place of Business	Mailing Address
12400 PLANTATION RD P O BOX 7126(339117126 FT MYERS FL 33912-346 US	P O BOX 7126 P O BOX 7126(339117126 FT MYERS FL 33911-126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7330071 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33912-1346 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHAFER, CARMEN
12400 PLANTATION RD.
FT MYERS FL 33912-1346

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BASANSKY, WILLIAM	1.2 NAME		
STREET ADDRESS	12400 PLANTATION RD.	1.3 STREET ADDRESS	BASANSKY, WILLIAM 12400 PLANTATION RD.	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST (ZIP)	FT MYERS FL	33912-1346
TITLE	EV	2.1 TITLE	EV	☐ Change ☒ Addition
NAME	BASANSKY, BEATRICE ANN	2.2 NAME		
STREET ADDRESS	12400 PLANTATION RD.	2.3 STREET ADDRESS	BASANSKY, BEATRICE ANN 12400 PLANTAION RD.	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST (ZIP)	FT MYERS FL	33912-1346
TITLE	AST	3.1 TITLE	AST	☐ Change ☒ Addition
NAME	SHAFER, CARMEN A	3.2 NAME		
STREET ADDRESS	12400 PLANTATION RD.	3.3 STREET ADDRESS	SHAFER, CARMEN A 12400 PLANTATION RD	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST (ZIP)	FT MYERS FL	33912-1346
TITLE	ST	4.1 TITLE	ST	☐ Change ☒ Addition
NAME	BASANSKY, ERIC WILLIAM	4.2 NAME		
STREET ADDRESS	12400 PLANTATION RD	4.3 STREET ADDRESS	BASANSKY, ERIC WILLIAM 12400 PLANTATION RD	
CITY-ST-ZIP	FT MYERS FL 46	4.4 CITY-ST (ZIP)	FT MYERS FL	33912-1346
TITLE	V	5.1 TITLE	V - BASANSKY, JERRY T	☐ Change ☐ Addition
NAME	BASANSKY, JERRY T.	5.2 NAME		
STREET ADDRESS	1990 SUMMERFIELDS CR.	5.3 STREET ADDRESS	1990 SUMMERFIELDS CR.	
CITY-ST-ZIP	ORLEANS ONTARIO K1C 7B4 CN	5.4 CITY-ST-ZIP	ORLEANS ONTARIO K1C 7B4 CN	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CARMEN A SHAFER ADMINISTRATOR 4/25/95 813/768-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carmen A. Shafer

0050420