

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 858297 (5)

1. Corporation Name

BILL BASANSKY MINISTRIES, INC.



Principal Place of Business

12400 PLANTATION RD
P O BOX 7126(339117126
FT MYERS FL 33912-1346
US

Mailing Address

P O BOX 7126
P O BOX 7126(339117126
FT MYERS FL 33911-126
US

3. Date Incorporated or Qualified
11/01/1983

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

21 12400 PLANTATION ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 7126

Suite, Apt. #, etc.

City & State

23 FT MYERS FL

City & State

28 FT MYERS FL

Zip
24 33912-1346

Country
25 US

Zip
29 33911-7126

Country
30 US

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAHER, 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BASANSKY, WILLIAM
STREET ADDRESS 12400 PLANTATION RD.
CITY-ST-ZIP FT MYERS FL

TITLE EV ☐ DELETE
NAME BASANSKY, BEATRICE ANN
STREET ADDRESS 12400 PLANTATION RD.
CITY-ST-ZIP FT MYERS FL

TITLE AST ☐ DELETE
NAME SHAHER, CARMEN A
STREET ADDRESS 12400 PLANTATION RD.
CITY-ST-ZIP FT MYERS FL

TITLE ST ☐ DELETE
NAME BASANSKY, ERIC WILLIAM
STREET ADDRESS 12400 PLANTATION RD
CITY-ST-ZIP FT MYERS FL

TITLE V ☐ DELETE
NAME BASANSKY, JERRY T.
STREET ADDRESS 1990 SUMMERFIELDS CR.
CITY-ST-ZIP ORLEANS-ONTARIO-KIC-7B4 CN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE EV/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ASTD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE STD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VD ☒ Change ☐ Addition
5.2 NAME HOLLANDALE APARTMENTS
5.3 STREET ADDRESS APT 47J
5.4 CITY-ST-ZIP CLIFTON PARK NY 12065

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMEN A. SHAHER, ADMINISTRATOR

Date

Daytime Phone #

4-17-96 941-768-1300

CR2E037 (12/95)