

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90081 024 \*\*\*\*61.25

0060348

**DOCUMENT # 858297**

1. Corporation Name

**BILL BASANSKY MINISTRIES, INC.**

Principal Place of Business

12400 PLANTATION RD  
FT MYERS FL 33912-1346  
US

Mailing Address

P O BOX 7126  
FT MYERS FL 33911-126  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/01/1983

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

9. Name and Address of Current Registered Agent

BEATRICE A BASANSKY  
12400 PLANTATION RD.  
FT MYERS FL 33912

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

TITLE STD ☐ DELETE  
NAME BEATRICE A BASANSKY  
STREET ADDRESS 12400 PLANTATION RD.  
CITY-ST-ZIP FT MYERS FL 33912

TITLE ASD ☒ DELETE  
NAME SHAFER, CARMEN A  
STREET ADDRESS 12400 PLANTATION RD.  
CITY-ST-ZIP FT MYERS FL

TITLE VD ☐ DELETE  
NAME ERIC WILLIAM BASANSKY  
STREET ADDRESS 12400 PLANTATION RD  
CITY-ST-ZIP FT MYERS FL 33912

TITLE VD ☐ DELETE  
NAME BASANSKY, JERRY T.  
STREET ADDRESS 89 CHESTNUT ST  
CITY-ST-ZIP TORONTO ON

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 655 DIXON Rd.  
5.4 CITY-ST-ZIP TORONTO ON. CA. M9W 1S4

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

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Beatrice A. Basansky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)