

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90014 011 ****61.25

DOCUMENT # 858297

1. Entity Name

**BILL BASANSKY MINISTRIES, INC., IN AFFILIATION W
 ITH LIFE INTERNATIONAL CHURCH, INC.**

Principal Place of Business

Mailing Address

11735 PLANTATION RD
 FORT MYERS FL 33912
 US

P O BOX 07459
 FORT MYERS FL 33919
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7330071

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEATRICE A BASANSKY
11735 PLANTATION RD
FT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BASANSKY, WILLIAM	
STREET ADDRESS	11735 PLANTATION RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BEATRICE A BASANKY	
STREET ADDRESS	11735 PLANTATION RD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERIC WILLIAM BASANSKY	
STREET ADDRESS	6839 CARMELLE DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BASANSKY, JERRY T.	
STREET ADDRESS	2901 KIPLING AVE #604	
CITY-ST-ZIP	TRONTO ON CA M9-W1-4	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Beatrice A. Basansky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/21/2002 Daytime Phone # 941-931-5940

CR2E037 (9/01)