


FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45652** (7)  
1. Corporation Name

**BASINGER MINISTRIES, INC.**

Principal Place of Business <b>19805-A NORTH HIGHWAY 98 OKEECHOBEE FL 34972</b>	Mailing Address <b>19655 HIGHWAY 98 NORTH OKEECHOBEE FL 34972-3979 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/17/1991</b>	3a. Date of Last Report <b>02/27/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CLEMONS, OTIS JEFFREY  
19805-A NORTH HIGHWAY 98  
OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>19645 Hwy 98 N</b>
83	
84 City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEMONS, OTIS JEFFREY</b>	1.2 NAME	
STREET ADDRESS	<b>19805-A NORTH HIGHWAY 98</b>	1.3 STREET ADDRESS	<b>19645 Hwy 98 N</b>
CITY - ST - ZIP	<b>OKEECHOBEE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, MONROE</b>	2.2 NAME	
STREET ADDRESS	<b>14827 N.W. 34TH TERRACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OKEECHOBEE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSON, LOUIS E., JR.</b>	3.2 NAME	
STREET ADDRESS	<b>10,000 NORTH HIGHWAY 98</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OKEECHOBEE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARTIER, RICHARD E.</b>	4.2 NAME	
STREET ADDRESS	<b>7806 SW 9TH ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OKEECHOBEE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASSUNG, GEORGE L</b>	5.2 NAME	
STREET ADDRESS	<b>701 SW 9TH ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OKEECHOBEE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARTIER, DONNA</b>	6.2 NAME	
STREET ADDRESS	<b>7806 SW 9TH ST</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OKEECHOBEE FL</b>	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **Donna Chartier** *Donna Chartier* 1/23/97 (941)357-0963

CR2E037 (9/96)