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FILED

Jan 28 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N45652**

(7)

1. Corporation Name

**BASINGER MINISTRIES, INC.**

Principal Place of Business

19805-A NORTH HIGHWAY 98  
OKEECHOBEE FL 34972

Mailing Address

19655 HIGHWAY 98 NORTH  
OKEECHOBEE FL 34972  
US

3. Date Incorporated or Qualified

10/17/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMONS, OTIS JEFFREY  
19645 HWY 98 N  
OKEECHOBEE FL 34972

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 **CD** ☐ DELETE

NAME **CLEMONS, OTIS JEFFREY**

STREET ADDRESS **19645 HWY 98 N**

CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ DELETE

NAME **ARNOLD, MONROE**

STREET ADDRESS **14627 N.W. 34TH TERRACE**

CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ DELETE

NAME **LARSON, LOUIS E., JR.**

STREET ADDRESS **10,000 NORTH HIGHWAY 98**

CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ DELETE

NAME **CHARTIER, RICHARD E.**

STREET ADDRESS **7806 SW 9TH ST**

CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ DELETE

NAME **WASSUNG, GEORGE L**

STREET ADDRESS **701 SW 9TH ST**

CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **ST** ☐ DELETE

NAME **CHARTIER, DONNA**

STREET ADDRESS **7806 SW 9TH ST**

CITY-ST-ZIP **OKEECHOBEE FL**

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

5.4 CITY-ST-ZIP

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.

SIGNATURE:

*Donna Chartier*

1/13/98

941-357-0963

CR2E087 (10/97)