

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N45652**

1. Entity Name

BASINGER MINISTRIES, INC.**FILED****Feb 11, 2002 8:00 am**
Secretary of State

02-11-2002 90020 012 ****61.25

Principal Place of Business

**19805-A NORTH HIGHWAY 98
OKEECHOBEE FL 34972**

Mailing Address

**19655 HIGHWAY 98 NORTH
OKEECHOBEE FL 34972
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLEMONS, OTIS JEFFREY
19645 HWY 98 N
OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	CLEMONS, OTIS JEFFREY	
STREET ADDRESS	19645 HWY 98 N	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, MONROE	
STREET ADDRESS	14827 N.W. 34TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, LOUIS E., JR.	
STREET ADDRESS	10,000 NORTH HIGHWAY 98	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE	ST	<input type="checkbox"/> Delete
NAME	RUCKS, MARY M	
STREET ADDRESS	1120 SW 8TH CT	
CITY-ST-ZIP	OKEECHOBEE FL	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)