


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N45652</b>	
1. Entity Name <b>BASINGER MINISTRIES, INC.</b>	

Principal Place of Business <b>19805-A NORTH HIGHWAY 98 OKEECHOBEE, FL 34972</b>	Mailing Address <b>19655 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 US</b>
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04062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$81.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLEMONS, OTIS JEFFREY 19645 HWY 98 N OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, MONROE 14627 N.W. 34TH TERRACE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, LOUIS E., JR. 10,000 NORTH HIGHWAY 98 OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUCKS, MARY M 1120 SW 8TH CT OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000355562  
 05/03/05-80153-003 61.25

**DO NOT WRITE  
 IN THIS SPACE**

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

4-29-05  
 Date

Daytime Phone #