


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N45652 1: Entity Name BASINGER MINISTRIES, INC.	
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Principal Place of Business 19805-A NORTH HIGHWAY 98 OKEECHOBEE, FL 34972	Mailing Address 19655 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 US
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent CLEMONS, OTIS JEFFREY 19645 HWY 98 N OKEECHOBEE, FL 34972
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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 _____
Signature, typed or printed name of registered agent and title if applicable

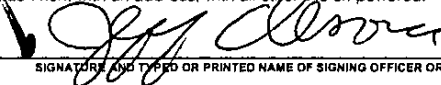
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLEMONS, OTIS JEFFREY 19645 HWY 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	

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02/02/07-80040-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JEFF CLEMONS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pres.** **1-25-07**
Date Daytime Phone #