

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45652**

1. Entity 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**



02042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000879756  
04/15/08-20034-002 61.25

**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	

**DO NOT WRITE  
IN THIS SPACE**

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*  
**JEFF CLEMONS**

**4-1-08** **8637633127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #