

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2002 8:00 am**
Secretary of State

02-21-2002 90149 016 ****61.25

DOCUMENT # NO1000002147

1. Entity Name

SHIPS OF TARSHISH MINISTRIES, INC.

Principal Place of Business

Mailing Address

**31466 AVENUE I
BIG PINE KEY FL 33043****31466 AVENUE I
BIG PINE KEY FL 33043**

2. Principal Place of Business

3. Mailing Address

31466 Avenue I**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Big Pine Key**Florida**

Zip

Country

Zip

Country

33043**33043**

4. FEI Number

875-2932610

Applied For

Not Applicable

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

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONHAM, THERON L
31466 AVENUE I
BIG PINE KEY FL 33043**Name **Theron L. Bonham**Street Address (P.O. Box Number is Not Acceptable)
31466 Avenue ICity **Big Pine Key** **FL** Zip Code **33043**

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 **Theron Bonham****2/5/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BONHAM, THERON L 31466 AVENUE I BIG PINE KEY FL 33043			
D BONHAM, MARCUS W 31466 AVENUE I BIG PINE KEY FL 33043			
D BONHAM, JENNIFER L 31466 AVENUE I BIG PINE KEY FL 33043			

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:

Marcus W. Bonham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/02

Daytime Phone #

214-528-6758

CR2E037 (9/01)