

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002147

1. Entity Name
SHIPS OF TARSHISH MINISTRIES, INC.



Principal Place of Business
283 LAKE DR
NOKOMIS, FL 34275 US

Mailing Address
283 LAKE DR
NOKOMIS, FL 34275 US



03282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2932610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BONHAM, THERON L
283 LAKE DR
NOKOMIS, FL 34275

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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 *X Theron L Bonham*

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000284137
04/01/05-80053-024 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BONHAM, THERON L
STREET ADDRESS 283 LAKE DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D
NAME BONHAM, MARCUS W
STREET ADDRESS 283 LAKE DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D
NAME BONHAM, JENNIFER L
STREET ADDRESS 283 LAKE DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(b), Florida Statutes, 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 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 on the information changed, or on an attachment with an address, with all other like empowered. ck 10 or Block 11 if

SIGNATURE:

Theron L Bonham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**SIGN
DATE**

Phone #