

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                  |                                                                                   |                                                                                   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # N01000002147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                  |                                                                                   |  |         |
| 1. Entity Name<br>SHIPS OF TARSHISH MINISTRIES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                  |                                                                                   |                                                                                   |         |
| Principal Place of Business<br>31466 AVENUE I<br>BIG PINE KEY, FL 33043 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                  | Mailing Address<br>31466 AVENUE I<br>BIG PINE KEY, FL 33043 US                    |                                                                                   |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                  | 3. Mailing Address                                                                |                                                                                   |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                  | Suite, Apt. #, etc.                                                               |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                                  | City & State                                                                      |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | Country                                                                          | Zip                                                                               |                                                                                   | Country |
| 4. FEI Number<br>75-2932610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                  |                                                                                   | \$8.75 Additional Fee Required                                                    |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                  | 7. Name and Address of New Registered Agent                                       |                                                                                   |         |
| BONHAM, THERON L<br>31466 AVENUE I<br>BIG PINE KEY, FL 33043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |         |
| 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 <i>Theron L Bonham</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                  | DATE 4/25/03                                                                      |                                                                                   |         |
| SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   |                                                                                   |         |
| FILE NOW FEE IS \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                   | \$5.00 May Be Added to Fees                                                       |         |
| Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                  |                                                                                   |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD                     | <input type="checkbox"/> Delete                                                  |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BONHAM, THERON L       |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31466 AVENUE I         |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BIG PINE KEY, FL 33043 |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                      | <input type="checkbox"/> Delete                                                  |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BONHAM, MARCUS W       |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31466 AVENUE I         |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BIG PINE KEY, FL 33043 |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                      | <input type="checkbox"/> Delete                                                  |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BONHAM, JENNIFER L     |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31466 AVENUE I         |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BIG PINE KEY, FL 33043 |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <input type="checkbox"/> Delete                                                  |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <input type="checkbox"/> Delete                                                  |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <input type="checkbox"/> Delete                                                  |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   |                                                                                   |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                   |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                  |                                                                                   |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                  |                                                                                   |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                  |                                                                                   |                                                                                   |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Theron L Bonham</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                  | DATE 4/25/03                                                                      |                                                                                   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                  | Daytime Phone #                                                                   |                                                                                   |         |

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