

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004546 (7)

1. Corporation Name

VESSEL MULTI-MINISTRIES, INC.

Principal Place of Business

**1650 S.W. TIVAN LANE
PORT ST. LUCIE FL 34984**

Mailing Address

**1650 S.W. TIVAN LANE
PORT ST. LUCIE FL 34984**



3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0543462

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, DONALD D
1650 S.W. TIVAN LANE
PORT ST. LUCIE FL 34984**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SPOONER, R.W.**
STREET ADDRESS **5300 PALM DRIVE**
CITY-STATE-ZIP **FORT PIERCE FL 34982**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **SPOONER, GLORIA M**
STREET ADDRESS **5300 PALM DRIVE**
CITY-STATE-ZIP **FORT PIERCE FL 34982**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **VD** ☐ DELETE
NAME **SPOONER, RICHARD L**
STREET ADDRESS **4707 SUNSET BLVD.**
CITY-STATE-ZIP **FORT PIERCE FL 34982**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **STD** ☐ DELETE
NAME **ANDERSON, DONALD D**
STREET ADDRESS **1650 S.W. TIVAN LANE**
CITY-STATE-ZIP **PORT ST. LUCIE FL 34984**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **ANDERSON, SANDRA A**
STREET ADDRESS **1650 S.W. TIVAN LANE**
CITY-STATE-ZIP **PORT ST. LUCIE FL 34984**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **OWENS, ROBERT**
STREET ADDRESS **661 HERNANDO, APT 1**
CITY-STATE-ZIP **FT PIERCE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address

SIGNATURE: *Donald Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 407-340-7211
Date Daytime Phone #

CR2E037 (12/95)