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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000004546 (7)

1. Corporation Name

VESSEL MULTIMINISTRIES, INC.



Principal Place of Business

Mailing Address

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

1650 S.W. TIVAN LANE
PORT ST. LUCIE FL 34984-3607

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME SPOONER, GLORIA M
STREET ADDRESS 5300 PALM DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME OWENS, ROBERT
STREET ADDRESS 661 HERNANDO, APT 1
CITY-ST-ZIP FT PIERCE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

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

2-14-97 561-340-7211
Date Daytime Phone # 0071619

CR2E037 (9/96)