

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004546

1. Corporation Name

VESSEL MULTIMINISTRIES, 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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0543462	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81	Name
ANDERSON, DONALD D 1650 S.W. TIVAN LANE PORT ST. LUCIE FL 34984				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ DATE _____					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
TITLE	PD				
NAME	SPOONER, R.W.				
STREET ADDRESS	5300 PALM DRIVE				
CITY-ST-ZIP	FORT PIERCE FL 34982				
TITLE	D				
NAME	SPOONER, GLORIA M				
STREET ADDRESS	5300 PALM DRIVE				
CITY-ST-ZIP	FORT PIERCE FL 34982				
TITLE	VD				
NAME	SPOONER, RICHARD L				
STREET ADDRESS	4707 SUNSET BLVD.				
CITY-ST-ZIP	FORT PIERCE FL 34982				
TITLE	STD				
NAME	ANDERSON, DONALD D				
STREET ADDRESS	1650 S.W. TIVAN LANE				
CITY-ST-ZIP	PORT ST. LUCIE FL 34984				
TITLE	D				
NAME	ANDERSON, SANDRA A				
STREET ADDRESS	1650 S.W. TIVAN LANE				
CITY-ST-ZIP	PORT ST. LUCIE FL 34984				
TITLE	D				
NAME	OWENS, ROBERT				
STREET ADDRESS	661 HERNANDO, APT 1				
CITY-ST-ZIP	FT PIERCE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.1 TITLE	D.	D. Donald D. Anderson II			
1.2 NAME		1650 SW Tivan Ln.			
1.3 STREET ADDRESS		Port St. Lucie, FL 34984			
1.4 CITY-ST-ZIP					
2.1 TITLE		D. Kimberly Spooner			
2.2 NAME		4707 Sunset Blvd			
2.3 STREET ADDRESS		Ft. Pierce, FL 34982			
2.4 CITY-ST-ZIP					
3.1 TITLE	D	Barry Winn			
3.2 NAME		1701 Arizona Ave			
3.3 STREET ADDRESS		Ft. Pierce, FL 34982			
3.4 CITY-ST-ZIP					
4.1 TITLE		700002766307-2			
4.2 NAME		-02/05/99--01096--009			
4.3 STREET ADDRESS		*****61.25 *****61.25			
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		D. Owens, Robert			
6.2 NAME		107 Bagberry Rd.			
6.3 STREET ADDRESS		Newport, NC 28570			
6.4 CITY-ST-ZIP					

14. 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 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, with all other like empowered.

SIGNATURE: Donald D. Anderson 1/26/99 561-340-7211
Date Daytime Phone #

CR2E037 (11/98)