

2000 UNIFORM BUSINESS REPORT (UBR)

2/7/00

FILED

Apr 20, 2000 8:00 am
Secretary of State

02-07-2000 90028 013 ****61.25

DOCUMENT # N94000004546

1. Entity Name

VESSEL MULTI-MINISTRIES, 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

2. Principal Place of Business

5300 Melville Rd

3. Mailing Address

5300 Melville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

Zip

34982

Country

USA

Zip

34982

Country

USA

4. FEI Number

65-0543462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

The dwelling is
the same
The agent is the same

Vessel Multi-Ministries, Inc.
Dr. Donald Anderson
5300 Melville Road
Ft. Pierce FL 34982

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE: STD
NAME: ANDERSON, DONALD D
STREET ADDRESS: 1650 S.W. TIVAN LANE P.O. Box 7598
CITY-ST-ZIP: PORT ST. LUCIE FL 34984 PSL FL 34985 ☐ Delete

TITLE: D
NAME: ANDERSON, SANDRA A
STREET ADDRESS: 1650 S.W. TIVAN LANE P.O. Box 7598
CITY-ST-ZIP: PORT ST. LUCIE FL 34984 PSL FL 34985 ☐ Delete

TITLE: D
NAME: OWENS, ROBERT
STREET ADDRESS: 107 BAGBERRY RD.
CITY-ST-ZIP: NEWPORT NC 28570 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: WINN, Barry
STREET ADDRESS: 1701 ARIZONA AVE
CITY-ST-ZIP: Ft. Pierce, FL 34982 ☐ Change ☒ Addition

TITLE: D
NAME: ANDERSON, Donald D II
STREET ADDRESS: P.O. Box 7598 - 1650 SW Tivan Ln
CITY-ST-ZIP: Port St. Lucie, FL 34984 ☐ Change ☒ Addition

TITLE: D
NAME: Sexton, Larry
STREET ADDRESS: 6385 Peterson Rd.
CITY-ST-ZIP: Ft. Pierce FL 34946 ☐ Change ☒ Addition

TITLE: ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 361-340-7211

Date

Daytime Phone #

CR2F037 (9/99)