

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004546

1. Entity Name

VESSEL MULTI-MINISTRIES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90066 038 ****61.25

Principal Place of Business

5300 MELVILLE RD
FORT PIERCE FL 34982

Mailing Address

5300 MELVILLE RD
FORT PIERCE FL 34982

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

65-0543462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, DONALD D
5300 MELVILLE RD
FORT PIERCE FL 34982

Name

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

City

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Director ☐ Change ☒ Addition
NAME Winn, Barry
STREET ADDRESS 1701 ARIZONA Ave
CITY-ST-ZIP Ft. Pierce, FL 34982

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME ANDERSON, DONALD D
STREET ADDRESS PO BOX 7598
CITY-ST-ZIP PORT ST LUCIE FL 34985

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANDERSON, SANDRA A
STREET ADDRESS PO BOX 7598
CITY-ST-ZIP PORT ST LUCIE FL 34985

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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)(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

Date

Daytime Phone #

Donald Anderson

1-16-01

561-340-7211

CR2E037 (10/00)