

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004546**

1. Entity Name  
**VESSEL MULTI-MINISTRIES, INC.**



Principal Place of Business  
**1650 S W TIVAN LN  
PORT ST LUCIE, FL 34984**

Mailing Address  
**P O BOX 7598  
PORT ST LUCIE, FL 34985**



03262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 LN  
PORT ST LUCIE, FL 34984**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPOONER, R.W. 5300 PALM DRIVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPOONER, GLORIA M 5300 PALM DRIVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPOONER, RICHARD L 4707 SUNSET BLVD. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDERSON, DONALD D PO BOX 7598 PORT ST LUCIE, FL 34985
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, SANDRA A PO BOX 7598 PORT ST LUCIE, FL 34985
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINN, BARRY 1701 ARIZONA AVE FORT PIERCE, FL 34982

1400000280407  
03/30/05-80018-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 D. Anderson* **Donald D. Anderson** 8/29/05 772-340-7211