

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004546

FILED
Jan 26, 2006
Secretary of State

Entity Name: VESSEL MULTI-MINISTRIES, INC.

Current Principal Place of Business:

1650 S W TIVAN LN
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

P O BOX 7598
PORT ST LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-0543462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, DONALD D
1650 S W TIVAN LN
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPOONER, R.W.
Address: 5300 PALM DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: SPOONER, GLORIA M
Address: 5300 PALM DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: VD () Delete
Name: SPOONER, RICHARD L
Address: 4707 SUNSET BLVD.
City-St-Zip: FORT PIERCE, FL 34982

Title: STD () Delete
Name: ANDERSON, DONALD D
Address: PO BOX 7598
City-St-Zip: PORT ST LUCIE, FL 34985

Title: D () Delete
Name: ANDERSON, SANDRA A
Address: PO BOX 7598
City-St-Zip: PORT ST LUCIE, FL 34985

Title: D () Delete
Name: WINN, BARRY
Address: 1701 ARIZONA AVE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD D ANDERSON

STD

01/26/2006

Electronic Signature of Signing Officer or Director

Date