## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **N94000004546**



## **FILED** Jan 16, 2003 8:00 am Secretary of State

VESSEL MULTI-MINISTRIES, INC.					01-16-2003 90095 045 ****61.25			
5300 MELVILLE RD 5300		Mailing Address 5300 MELVILLE RD FORT PIERCE FL 34982						• ·-
2. Principal	I Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0543462 Applied For				
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Ad	
· <u>-</u>	-6. Name and Address of Curren	t Registered Agent		مرجم ماعرود.	 -≃7.≃Name and Addre	ess of New Registered	•	eu
_			Nar					
	son, donald d Elville RD		Street Address (		P.O. Box Number is No	ot Acceptable) .		\h.
FORT P	IERCE FL 34982					·		
`			City	,		FL	Zip Cod	de
8. The abov	ve named entity submits this statement f	or the purpose of changing its	s registered offic	ce or registere	ed agent, or both, in th	ne State of Florida. I am	familiar with	, and accept
trie obliga	ations of registered agent.							
SIGNATURE	:							
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent	signature required	when reinstating)	DATE		
						<del></del> :	<del></del> -	
	FILE NOW: FEE IS \$61.25		mpaign Financi Contribution.		\$5.00 May Be Added to Fees	Make Check Florida Depart		
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	PD	RECTORS Delete	TITLE	^	DDITIONS/CHANGES	S TO OFFICERS AND DIF		Addition
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STREET ADDRESS CITY-ST-ZIP	PD SPOONER, R.W. 5300 PALM DRIVE FORT PIERCE FL 34982	☐ Delete	TITLE		DDITIONS/CHANGES	S TO OFFICERS AND DIF		☐ Addition
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12. I hereby certify that the information supplied with this filling 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: