

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90445 023 \*\*\*\*70.00

DOCUMENT # **N99000005041**

1. Entry Name  
**Evangelical Union of Fishermen, INC.**

Principal Place of Business      Mailing Address  
**250 Manchester St**      **250 Manchester St**  
**Boca Raton, FL 33487**      **Boca Raton, FL 33487**

00059613

2. Principal Place of Business      3. Mailing Address  
**250 Manchester St**      **250 Manchester St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**Boca Raton, FL**      **Boca Raton, FL**      **65-0914646**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
**33487**      **USA**      **33487**      **USA**            Fee Required

6. Name and Address of Current Registered Agent  
**OSIAS DERILUS**  
**3555 HARLOWE AVE**  
**BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent  
 Name: **OSIAS DERILUS**  
 Street Address (P.O. Box Number is Not Acceptable):  
**3555 HARLOWE AVE**  
**BOYNTON BEACH FL**      Zip Code: **33436**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE: **Osias Derilus**      DATE: **05-20-00**  
(NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Providence, Provide</b> <b>250 Manchester St</b> <b>Boca Raton, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Osias Derilus, Osias</b> <b>3555 HARLOWE AVE</b> <b>Boynton Beach, FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Derilus, Myrtho</b> <b>3555 HARLOWE AVE</b> <b>Boynton Beach, FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Providence, Betty</b> <b>250 Manchester St</b> <b>Boca Raton, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Advisor</b> <b>Innocent, Roberson</b> <b>440 NE 20th Avenue</b> <b>Boynton Beach, FL 33435</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Provide Providence**      DATE: **5-20-00**