


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005041
 1. Entity Name
EVANGELICAL UNION OF FISHERMEN, INC.



Principal Place of Business Mailing Address
250 MANCHESTER STREET **250 MANCHESTER STREET**
BOCA RATON FL 33487 **BOCA RATON FL 33487**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

FEE NOW: FEE IS \$61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PROVIDENCE, PROVIDE	
STREET ADDRESS	250 MANCHESTER STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAXSON, CARL R	
STREET ADDRESS	506 SW 1ST ST	
CITY-ST-ZIP	BOCA RATON FL 33432-4717	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PROVIDENCE, BETTY	
STREET ADDRESS	250 MANCHESTER CT	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	INNOCENT, ROBERSON	
STREET ADDRESS	440 N.E. 20TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRITNER, JULES	
STREET ADDRESS	255 NW 118 TH ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000309387	
CITY-ST-ZIP	04/16/05-80035-010 70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Provide Providence President* 4-11-05 561-212-4584
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #