

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005041

FILED
Mar 28, 2006
Secretary of State

Entity Name: EVANGELICAL UNION OF FISHERMEN, INC.

Current Principal Place of Business:

250 MANCHESTER STREET
BOCA RATON, FL 33487

New Principal Place of Business:

3542 SW VINCENNES ST
PORT-ST LUCIE, FL 34953

Current Mailing Address:

250 MANCHESTER STREET
BOCA RATON, FL 33487

New Mailing Address:

3542 SW VINCENNES ST
PORT- ST LUCIE, FL 34953

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DERILUS, OSIAS REV.
3555 HARLOWE AVENUE
BOYNTON BEACH, FL 33436 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: PROVIDENCE, PROVIDE
Address: 250 MANCHESTER STREET
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: MAXSON, CARL R
Address: 506 SW 1ST ST
City-St-Zip: BOCA RATON, FL 334324717

Title: TD () Delete
Name: PROVIDENCE, BETTY
Address: 250 MANCHESTER CT
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: INNOCENT, ROBERSON
Address: 440 N.E. 20TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD () Delete
Name: FRITNER, JULES
Address: 255 NW 118 TH ST
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PROVIDENCE, PROVIDE
Address: 3542 SW VINCENNES ST
City-St-Zip: PORT-ST LUCIE, FL 34953

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

Title: TD (X) Change () Addition
Name: PROVIDENCE, BETTY
Address: 3542 SW VINCENNES ST
City-St-Zip: PORT-ST LUCIE, FL 34953

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: PROVIDE PROVIDENCE

PD

03/28/2006

Electronic Signature of Signing Officer or Director

_____ Date