


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90203 015 ****70.00

DOCUMENT # N99000005041 1. Entity Name EVANGELICAL UNION OF FISHermen, INC.					
Principal Place of Business 3542 SW VINCENNES ST PORT-ST LUCIE, FL 34953		Mailing Address 3542 SW VINCENNES ST PORT-ST LUCIE, FL 34953			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		04232007 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROVIDENCE, PROVIDE 3542 SW VINCENNES ST PORT-ST LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAXSON, CARL R 506 SW 1ST ST BOCA RATON, FL 334324717	<input checked="" type="checkbox"/> Delete	TITLE =SD NAME STREET ADDRESS CITY-ST-ZIP	DENIS SYMILIEU SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 182 SW TWIG AVE PSL, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROVIDENCE, BETTY 3542 SW VINCENNES ST PORT-ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE =T NAME STREET ADDRESS CITY-ST-ZIP	ELVINA CHERILIES TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1441 SW FLOUNDER LN PSL, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INNOCENT, ROBERSON 440 N.E. 20TH AVENUE BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE =D NAME STREET ADDRESS CITY-ST-ZIP	ARMSTRONG BELIZAIRE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1107 SW ESTAUGH AVE PSL, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRITNER, JULES 255 NW 118 TH ST MIAMI, FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>PD. Providence Providence</i>			4-23-07 (SG) 2124584		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		