


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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04232007 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DERILUS, OSIAS REV. 3555 HARLOWE AVENUE BOYNTON BEACH, FL 33436			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 PD NAME PROVIDENCE, PROVIDE STREET ADDRESS 3542 SW VINCENNES ST CITY-ST-ZIP 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 SD NAME MAXSON, CARL R STREET ADDRESS 506 SW 1ST ST CITY-ST-ZIP BOCA RATON, FL 334324717	<input checked="" type="checkbox"/> Delete		TITLE =SD NAME DENIS SYMILIEU SD STREET ADDRESS 182 SW TWIG AVE CITY-ST-ZIP PSL, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME PROVIDENCE, BETTY STREET ADDRESS 3542 SW VINCENNES ST CITY-ST-ZIP PORT-ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete		TITLE =T NAME ELVINA CHERILIES TD STREET ADDRESS 1441 SW FLOUNDER LN CITY-ST-ZIP PSL, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME INNOCENT, ROBERSON STREET ADDRESS 440 N.E. 20TH AVENUE CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE =D NAME ARMSTRONG BELIZAIRE D STREET ADDRESS 1107 SW ESTAUGH AVE CITY-ST-ZIP PSL, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME FRITNER, JULES STREET ADDRESS 255 NW 118 TH ST CITY-ST-ZIP 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>PROVIDENCE</i>			4-23-07 (SG) 2124584		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					