

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90128 047 ****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		
4. FEI Number NOT APPLICABLE				Applied For <input checked="" 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 SYMILIEN, DENIS STREET ADDRESS 182 SW TWIG AVE CITY-ST-ZIP PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete		TITLE SD NAME RENÉ REYNOLD STREET ADDRESS 1474 SW Patricia Ave, PSL 34953 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CHERILUS, ELVINA STREET ADDRESS 1441 SW FLOUNDER LN 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 D NAME ARMSTRONG, BELIZAIRE STREET ADDRESS 167 SWESTAUGH AVE CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE D NAME Betty Providence STREET ADDRESS 3542 SW Vincennes St PSL 34953 CITY-ST-ZIP 	<input type="checkbox"/> Change <input 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>Provide Providence PD</i>			4-23-08 561-212-9584		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		