

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 09, 2009
Secretary of State**

DOCUMENT# N99000005041

Entity Name: EVANGELICAL UNION OF FISHERMEN, INC.

Current Principal Place of Business:

3542 SW VINCENNES ST
PORT-ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3542 SW VINCENNES ST
PORT- ST LUCIE, FL 34953

New Mailing Address:

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: 3542 SW VINCENNES ST
City-St-Zip: PORT-ST LUCIE, FL 34953

Title: SD () Delete
Name: REYNOLD, RENE
Address: 1474 SW PATRICIA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD () Delete
Name: CHERILUS, ELVINA
Address: 1441 SW FLOUNDER LN
City-St-Zip: PORT-ST LUCIE, FL 34953

Title: D () Delete
Name: PROVIDENCE, BETTY
Address: 3542 SW UMLERMES ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

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

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

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 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

04/09/2009

Electronic Signature of Signing Officer or Director

Date