


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91187 008 ****70.00

DOCUMENT # N99000005041

1. Entity Name
EVANGELICAL UNION OF FISHERMEN, INC.



Principal Place of Business Mailing Address
250 MANCHESTER STREET **250 MANCHESTER STREET**
BOCA RATON FL 33487 **BOCA RATON FL 33487**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0914646** Applied For
 Not Applicable

5. Certificate of Status Desired \$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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete
NAME **PROVIDENCE, PROVIDE**
STREET ADDRESS **250 MANCHESTER STREET**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **DERILUS, OSIAS**
STREET ADDRESS **3555 HARLOWE AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VD** Change Addition
NAME **JULES FRITWER**
STREET ADDRESS **255 NW 118th ST**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE **SD** Delete
NAME **DERILUS, MYRTHO**
STREET ADDRESS **3555 HARLOWE AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **PROVIDENCE, BETTY**
STREET ADDRESS **250 MANCHESTER STREET**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **TD** Change Addition
NAME **CARL R. MAXSON**
STREET ADDRESS **506 S.W. 1ST STREET**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** Delete
NAME **INNOCENT, ROBERSON**
STREET ADDRESS **440 N.E. 20TH AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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: *[Signature]* **PROVIDENCE PRESIDENT 4-16-03 561-2124584**

CFR2E037 (10/02)