

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005041

Entity Name: EVANGELICAL UNION OF FISHERMEN, INC.**Current Principal Place of Business:**3542 SW VINCENNES ST
PORT-ST LUCIE, FL 34953**Current Mailing Address:**3542 SW VINCENNES ST
PORT- ST LUCIE, FL 34953**FEI Number: NOT APPLICABLE****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DERILUS, OSIAS REV.
3555 HARLOWE AVENUE
BOYNTON BEACH, FL 33436 US*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**Officer/Director Detail :**

Title	PD
Name	PROVIDENCE, PROVIDE
Address	3542 SW VINCENNES ST
City-State-Zip:	PORT-ST LUCIE FL 34953

Title	TREASURER
Name	JOSEPH, MARIE F
Address	512 SW DUXBURY AVE
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	D
Name	PROVIDENCE, BETTY
Address	3542 SW VINCENNES ST
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	D
Name	PAUL-HENRY, MARIE L
Address	721 TREEMONT AVE
City-State-Zip:	PSL FL 34983

Title	DIRECTOR
Name	ALEXANDRE, CENEVY
Address	611 SW SARAGOSSA AVE
City-State-Zip:	PORT SAINT-LUCIE FL 34953

I hereby 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 all other like empowered.

SIGNATURE: PROVIDE PROVIDENCE**PD****04/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date