

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005041

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC8868365630**

**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 SD  
Name JEAN-BAPTISTE, SUZIE  
Address 371 SW FELDMAN AVE  
City-State-Zip: PORT SAINT LUCIE FL 34953

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 TREASURER  
Name MARSHALL, JEANINE C  
Address 1266 SW ASTURIA AVE  
City-State-Zip: PORT SAINT-LUCIE FL 34953

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

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date