

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005041

**FILED**  
**Apr 17, 2021**  
**Secretary of State**  
**2898787806CC**

**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:** 65-0914646

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PROVIDENCE, PROVIDE  
3542 SW VINCENNES ST  
PORT ST LUCIE, FL 34953 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:** PROVIDE PROVIDENCE

04/17/2021

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 SECRETARY  
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 TREASURER  
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

Title DIRECTOR  
Name THEOPHILE, MARCELINE J DR.  
Address 1844 SW LOGAN ST, PORT SAINT LUCIE, FLORIDA 34953  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title DIRECTOR  
Name COMON, MARTINE  
Address 1032 SW LONGFELLOW ROAD  
City-State-Zip: PORT ST LUCIE FL 34953

Title OFFICER  
Name BORNO, DOMINIQUE  
Address 416 SE CALMOSO DR  
City-State-Zip: PORT ST LUCIE FL 34983

*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

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date