#### 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			04/29/2022			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	PD	Title	SECRETARY				
Name	PROVIDENCE, PROVIDE	Name	JOSEPH, MARIE F				
Address	3542 SW VINCENNES ST	Address	512 SW DUXBURY AVE				
City-State-Zip:	PORT-ST LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34983				
Title	D	Title	TREASURER				
Name	PROVIDENCE, BETTY	Name	PAUL-HENRY, MARIE L				
Address	3542 SW VINCENNES ST	Address	721 TREEMONT AVE				
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PSL FL 34983				
Title	DIRECTOR	Title	DIRECTOR				
Name	ALEXANDRE, CENEVY	Name	THEOPHILE, MARCELINE J DR				
Address	611 SW SARAGOSSA AVE	Address	1844 SW LOGAN ST, PORT SA LUCIE, FLORIDA 34953	NT			
City-State-Zip:	PORT SAINT-LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953				
Title	DIRECTOR	Title	OFFICER				
Name	COMON, MARTINE	Name	BORNO, DOMINIQUE				
Address	1032 SW LONGFELLOW ROAD	Address	416 SE CALMOSO DR				
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:					

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

04/29/2022

2022 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

## FEI Number: 65-0914646

# Certificate of Status Desired: Yes

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 29, 2022 Secretary of State 7075587991CC

# (

Title	PD	Title	SECRETARY
Name	PROVIDENCE, PROVIDE	Name	JOSEPH, MARIE F
Address	3542 SW VINCENNES ST	Address	512 SW DUXBURY AVE
City-State-Zip:	PORT-ST LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34983
Title	D	Title	TREASURER
Name	PROVIDENCE, BETTY	Name	PAUL-HENRY, MARIE L
Address	3542 SW VINCENNES ST	Address	721 TREEMONT AVE
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PSL FL 34983
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR ALEXANDRE, CENEVY	Title Name	DIRECTOR THEOPHILE, MARCELINE J DR.
			THEOPHILE, MARCELINE J DR. 1844 SW LOGAN ST, PORT SAINT
Name	ALEXANDRE, CENEVY	Name	THEOPHILE, MARCELINE J DR. 1844 SW LOGAN ST, PORT SAINT LUCIE, FLORIDA 34953
Name Address	ALEXANDRE, CENEVY 611 SW SARAGOSSA AVE	Name Address City-State-Zip:	THEOPHILE, MARCELINE J DR. 1844 SW LOGAN ST, PORT SAINT LUCIE, FLORIDA 34953 PORT SAINT LUCIE FL 34953
Name Address City-State-Zip:	ALEXANDRE, CENEVY 611 SW SARAGOSSA AVE PORT SAINT-LUCIE FL 34953	Name Address City-State-Zip: Title	THEOPHILE, MARCELINE J DR. 1844 SW LOGAN ST, PORT SAINT LUCIE, FLORIDA 34953 PORT SAINT LUCIE FL 34953 OFFICER
Name Address City-State-Zip: Title	ALEXANDRE, CENEVY 611 SW SARAGOSSA AVE PORT SAINT-LUCIE FL 34953 DIRECTOR	Name Address City-State-Zip: Title Name	THEOPHILE, MARCELINE J DR. 1844 SW LOGAN ST, PORT SAINT LUCIE, FLORIDA 34953 PORT SAINT LUCIE FL 34953 OFFICER BORNO, DOMINIQUE
Name Address City-State-Zip: Title Name	ALEXANDRE, CENEVY 611 SW SARAGOSSA AVE PORT SAINT-LUCIE FL 34953 DIRECTOR COMON, MARTINE	Name Address City-State-Zip: Title	THEOPHILE, MARCELINE J DR. 1844 SW LOGAN ST, PORT SAINT LUCIE, FLORIDA 34953 PORT SAINT LUCIE FL 34953 OFFICER BORNO, DOMINIQUE 416 SE CALMOSO DR