

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005041

FILED
Apr 27, 2020
Secretary of State
4385297147CC

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:

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 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

04/27/2020

Electronic Signature of Signing Officer/Director Detail

Date