

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005041

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC1643099188**

**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 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

*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

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date