## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997

AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26). NONPROFIT FLORIDA DEPARTMENTIOF STATE CORPORATION Sendra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 SFP 26 PH 3: 50 DOCUMENT # C97000000001 SECRETAL STATE TRINITY LUTHERAN CHURCH OF FORT PIERCE, FLORIDA Principal Place of Business Mailing Address 2011 SOUTH 13TH BTREET 2011 SOUTH 13TH STREET FORT PIERCE FL 34950 FORT PIERCE FL 34950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1953 03/24/97 2. Principal Place of Business 4, FEI Number Mailing Address Applied For 2a. 59-1285911 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent B1 Name ENGEL, RONALD P 82 Street Address (P.O. Box Number is Not Acceptable) <u> 2011 South 13th Street</u> 2013 SOUTH 13TH STREET 83 FORT PIERQE FL 34950 84 City Zip Code FI 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 30000230705 Hange Addition DELETE 1.1 TITLE TITLE NAME 1.2 NAME MORRIS, JAMES -09/29/97--01192--011 1902 RIO VISTA DR 1.3 STREET ADDRESS STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*11.25 FT. PIERCE FL 34949 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE VP /p NAME UMBACH, WILLIAM R 22 NAME Hugh Todd STREET ADDRESS **6004 PALM DRIVE** 2.3 STREET ADDRESS 374 SW Fairways Ave. Port St. Lucie, FL 34983 **FORT PIERCE FL 34982** 2. 4 CITY-ST-ZIP CITY-ST-ZJF DELETE Addition TITLE 3.1 TITLE NAME **GAWRY, EUGENE** 3.2 NAME Sandra Johnson STREET ADDRESS 14394 CANCUN AVE. 3.3 STREET ADDRESS 204 Sandalwood Dr. CITY-ST-ZIP FT. PIERCE FL 34951 3.4. CITY-ST-ZIP T/Ft. Pierce, FL 34942 Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME SHOEMAKER, BERTON Kathy Bouley STREET ADDRESS 3018 MIDAS LANEDR 4.3 STREET ADDRESS 2005 Rio Vieta Dr. Ft. Pierce, FL 34949 Change FT. PIERCE FL 34951 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME LEZNIEWICZ, ALEXANDER 5.3 STREET ADDRESS STREET ADDRESS 7404 PASO ROBLE BLVD. FT. PIERCE FL 34951 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE NAME 63 STREET ADDRESS STREET ADDRESS

appears in Block 12 or Block 13 if change

6.4 CITY-ST-ZIP

for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the leand accurate and that my signature shall have the same legal effect as if made under oath; that red to execute this report as required by Chapter 617, Florida Statutes; and that my name

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qual information indicated on this annual report or supplimental annual report is I am an officer or director of the corporation of the project or trust e empore.