

FILE NOW: FILING FEE IS \$61.25



NONPROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C97000000001 (7)

1. Corporation Name

TRINITY LUTHERAN CHURCH OF FORT PIERCE, FLORIDA

FILED
Feb 18 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address	
2011 SOUTH 13TH STREET FORT PIERCE FL 34950		2011 SOUTH 13TH STREET FORT PIERCE FL 34950	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
24 Zip	Country	29 Zip	Country
9. Name and Address of Current Registered Agent			
ENGEL, RONALD P 2011 SOUTH 13TH STREET FORT PIERCE FL 34950			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		10. Name and Address of New Registered Agent	
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 _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MORRIS, JAMES 1902 RIO VISTA DR FT. PIERCE FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPO HUGH, TODD 374 SW FAIRWAYS AVE. PORT ST. LUCIE FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD JOHNSON, SANDRA 204 SANDALWOOD DR. FT. PIERCE FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD BOULEY, KATHY 2005 RIO VISTA DR. FT. PIERCE FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_____	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.			

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SIGNATURE: *Kathy Bouley*

02/06/98 561/567-1200

CR2E037 (1097)