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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C97000000001

1. Corporation Name

TRINITY LUTHERAN CHURCH OF FORT PIERCE, FLORIDA

Principal Place of Business

2011 SOUTH 13TH STREET
FORT PIERCE FL 34950

Mailing Address

2011 SOUTH 13TH STREET
FORT PIERCE FL 34950



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/26/1953

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1285911

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME TETZLOFF, HOLLY

STREET ADDRESS 5908 PAPAYA DR

CITY-ST-ZIP FT. PIERCE FL 34982

TITLE VPD ☐ DELETE

NAME HUGH, TODD

STREET ADDRESS 374 SW FAIRWAYS AVE.

CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE SD ☐ DELETE

NAME SIGMON, MICHELLE

STREET ADDRESS 2713 PLACID AVE

CITY-ST-ZIP FT. PIERCE FL 34982

TITLE TD ☐ DELETE

NAME BOULEY, KATHY

STREET ADDRESS 2005 RIO VISTA DR.

CITY-ST-ZIP FT. PIERCE FL 34949

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Holly A. Tetzloff 1/4/99 465-2162 (561-)

CR2E037 (1/98)