

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C97000000001

1. Entity 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

2011 S 13th St.

Suite, Apt. #, etc.

3. Mailing Address

2011 S. 13th St.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34950

Country

USA

City & State

Ft. Pierce, FL

Zip

34950

Country

USA

4. FEI Number

59-1285911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ENGEL, RONALD P  
2011 SOUTH 13TH STREET  
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LUDWIG, FRED  
STREET ADDRESS 37 IPANEMA WAY SPANISH LAKES  
CITY-ST-ZIP FORT PIERCE FL 34951

TITLE VPD ☐ Delete  
NAME MANIS, DEBORAH  
STREET ADDRESS 345 E WEATHERBEE RD. LOT #20  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE SD ☐ Delete  
NAME EMANUEL, KATHLEEN  
STREET ADDRESS 3521 -A S 7TH ST  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE TD ☐ Delete  
NAME BOMAN, MYRNA  
STREET ADDRESS 2604 ROBIN ST  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition  
NAME Paulette Burgess  
STREET ADDRESS 1010 S. 12th St.  
CITY-ST-ZIP Fort Pierce, FL 34950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

*Fred Ludwig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Ludwig

01-04-01

Date

Daytime Phone #

CR2E037 (10/00)