

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C97000000001

1. Entity Name

TRINITY LUTHERAN CHURCH OF FORT PIERCE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1285911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE SD
NAME BURGESS, PAULETTE
STREET ADDRESS 1010 S 12TH ST.
CITY-ST-ZIP FORT PIERCE FL 34950 ☒ Delete

TITLE S
NAME VINCENT SPECIALE
STREET ADDRESS 9800 BOOTH BAY DR.
CITY-ST-ZIP FORT PIERCE FL 34945 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

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

04-19-02 772-461-7272
Date Daytime Phone #

CR2E037 (9/01)