

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C97000000001

FILED
Apr 26, 2007
Secretary of State

Entity Name: TRINITY LUTHERAN CHURCH OF FORT PIERCE, FLORIDA

Current Principal Place of Business:

2011 SOUTH 13TH STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2011 SOUTH 13TH STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-1285911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANIS, DEBORAH
Address: 345 E WEATHERBEE RD. LOT #20
City-St-Zip: FORT PIERCE, FL 34982

Title: VPD () Delete
Name: WALTERS, MARK
Address: 900 VIRGINIA AVE., #5
City-St-Zip: FORT PIERCE, FL 34982

Title: TD () Delete
Name: FULLER, BONNIE
Address: 120 COQUINA ST
City-St-Zip: FORT PIERCE, FL 34949

Title: S () Delete
Name: FRAUTSCHI, SHARON
Address: 1218 SE PETUNIA AVE
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE FULLER

TD

04/26/2007

Electronic Signature of Signing Officer or Director

Date