2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# C97000000001

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: 1110 SEMINOLE DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: VPD ( ) Delete
Name: MORRIS, JIM
Address: 1557-A PHEASANT WALK
City-St-Zip: FORT PIERCE, FL 34950

Title: TD ( ) Delete
Name: HESSEE, CLAUDE
Address: 1832 WILDCAT COVE DR
City-St-Zip: FORT PIERCE, FL 34949

Title: S ( ) Delete
Name: JONES, DICEY
Address: 713 GRANDVIEW BLVD
City-St-Zip: FORT PIERCE, FL 34982

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: CLAUDE HESSEE TD 03/19/2009

Electronic Signature of Signing Officer or Director Date