

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# C97000000001

**FILED**  
**Feb 16, 2011**  
**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  
Name: HESSEE, CLAUDE T  
Address: 1832 WILDCAT COVE DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: VPD  
Name: OWEN, BERTHA  
Address: 18506 MACH ONE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: TD  
Name: HESSEE, PATRICIA A  
Address: 1832 WILDCAT COVE DR  
City-St-Zip: FORT PIERCE, FL 34949

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. HESSEE

TD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date