

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90237 002 ****61.25

DOCUMENT # 702917

1. Entity Name

ATONEMENT LUTHERAN CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**1744 S.E. LAKEVIEW DRIVE
 SEBRING FL 33870**

**1744 S.E. LAKEVIEW DRIVE
 SEBRING FLA 33870-4987**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1857294

Applied For

Not Applicable.

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNSLER, EUGENE R.
 1744 S.E. LAKEVIEW DR.
 SEBRING FL 33870**

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	VD	<input type="checkbox"/> Delete
NAME	FERNSLER, EUGENE R	
STREET ADDRESS	2348 SPARROW AVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FITZPATRICK, RON	
STREET ADDRESS	1113 WHISPER LAKE BLVD, E.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HODSON, EDNA	
STREET ADDRESS	1760 ROBIN CT.	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEPHENSON, PEG	
STREET ADDRESS	117 LONGVIEW	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: Eugene R Fensler Date: 4/24/00 (863) 385-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)