

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90121 005 \*\*\*\*61.25

0067205

**DOCUMENT # 702917**

1. Entity Name

**ATONEMENT LUTHERAN CHURCH, INCORPORATED**

Principal Place of Business

1744 S.E. LAKEVIEW DRIVE  
 SEBRING FL 33870

Mailing Address

1744 S.E. LAKEVIEW DRIVE  
 SEBRING FL 33870

U U U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1857294**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNSLER, EUGENE R	
STREET ADDRESS	2348 SPARROW AVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FITZPATRICK, RON	
STREET ADDRESS	1113 WHISPER LAKE BLVD, E.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TD	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTY YOUNG	
STREET ADDRESS	1033 FERROVALLE AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEU-BARTELS	
STREET ADDRESS	4224 CREMONA DR	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(863) 385-0797**

CR2E037 (10/00)