


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 702917 1. Entity Name ATONEMENT LUTHERAN CHURCH, INCORPORATED	
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Principal Place of Business 1744 S.E. LAKEVIEW DRIVE SEBRING FL 33870	Mailing Address 1744 S.E. LAKEVIEW DRIVE SEBRING FL 33870
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1857294	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VD FERNSLER, EUGENE R	<input type="checkbox"/>
NAME	129 SPARROW AVE	
STREET ADDRESS	SEBRING FL 33872	
CITY-ST-ZIP		
TITLE	P YOUNG, MARTY	<input type="checkbox"/>
NAME	1033 FERUVALE AVE	
STREET ADDRESS	SEBRING FL 33870	
CITY-ST-ZIP		
TITLE	TD BARTELS, KEN	<input type="checkbox"/>
NAME	4224 CREMONA DR	
STREET ADDRESS	SEBRING FL 33872	
CITY-ST-ZIP		
TITLE	SD STEPHENSON, PEG	<input type="checkbox"/>
NAME	117 LONGVIEW	
STREET ADDRESS	SEBRING, FL 00000	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

00000057957
02/20/04-80003-022 61.25

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: <i>Eugene R. Fernsler, Vice Pres.</i>	Date: 2/14/04	Daytime Phone #: (863) 385-0797
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