


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90046 015 ****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 FL 33870**

50013976



1st MOORE CR2E037 (10/04)

2. Principal Place of Business **1744 Lakeview Dr**
 Suite, Apt. #, etc.

3. Mailing Address **1744 Lakeview Dr**
 Suite, Apt. #, etc.

City & State **Sebring, FL** City & State **Sebring, FL**
 Zip **33870** Country **USA** Zip **33870** Country **USA**

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 **Eugene R. Fernsler**
 Street Address (P.O. Box Number is Not Acceptable)
1744 Lakeview Dr.
 City **Sebring** **FL** Zip Code **33870**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eugene R. Fernsler **Eugene R. Fernsler UP/D** 2/6/05 (863) 385-0797
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #