

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702917

FILED
Apr 30, 2008
Secretary of State

Entity Name: ATONEMENT LUTHERAN CHURCH, INCORPORATED

Current Principal Place of Business:

1178 LAKEVIEW DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1178 LAKEVIEW DRIVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-1857294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG, OWEN M
1178 LAKEVIEW DR
SEBRING, FL 33870 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: VD () Delete
Name: PORTZ, TOM
Address: 1710 DAHLIA TERR.
City-St-Zip: SEBRING, FL 33875

Title: PD () Delete
Name: YOUNG, OWEN M
Address: 1033 FERNVALE AVE
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: GOSSETT, SHEL
Address: 4417 DEERWOOD DR.
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: SD () Delete
Name: STEPHENSON, PEG,
Address: 3005 ASHLEY OAKS W
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: RIVENES, PAT
Address: 3407 GOLF HAVEN TERR.
City-St-Zip: SEBRING, FL 33872

Title: PD (X) Change () Addition
Name: FITZPATRICK, RON
Address: 1461 WHISPER LAKE BLVD
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHEL GOSSETT

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date