

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90129 016 ****61.25

0043405

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**

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
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FERNISLER, 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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25

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	VD	<input type="checkbox"/> Delete
NAME	FERNISLER, EUGENE R.	
STREET ADDRESS	2348 SPARROW AVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, MARTY	
STREET ADDRESS	1033 FERUVALE AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARTELS, KEN	
STREET ADDRESS	4224 CREMONA DR	
CITY-ST-ZIP	SEBRING FL 33872	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNISLER, EUGENE R.	
STREET ADDRESS	129 SPARROW AVE,	
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		
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: *Eugene R. Fernisler* **4/5/03 (863) 385-0797**

CR2E037 (10/02)