

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703209 (7)
1. Corporation Name
ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, INC.



Principal Place of Business Mailing Address
FLORIDA INC 7525 LAKE UNDERHILL DR ORLANDO FL 32822

3. Date Incorporated or Qualified **11/16/1961** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1088504** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent
**HUNSINGER, BERNARD
795 HOLLY HILL AVE.
CASSELLBERRY FL 32707**

10. Name and Address of New Registered Agent
81 Nr **DTP**
82 St **Warren F. Maust**
83 **6336 Greengate Dr.**
84 Ci **Orlando, Fl 32822**
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Warren F. Maust* DATE **3-18-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DTP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNSINGER, BERNARD	1.2 NAME	Warren F. Maust
STREET ADDRESS	795 HOLLY HILL	1.3 STREET ADDRESS	6336 Greengate Dr.
CITY-ST-ZIP	CASSELLBERRY FL 32707	1.4 CITY-ST-ZIP	Orlando, Fl 32822
TITLE	TVP <input type="checkbox"/> DELETE	2.1 TITLE	TVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, MAUST	2.2 NAME	Harley Sather
STREET ADDRESS	6336 GREENGATE DR.	2.3 STREET ADDRESS	5200 San Paulo St.
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	Orlando, Fl. 32807
TITLE	TDI <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAYOSKI, MIRIAM	3.2 NAME	
STREET ADDRESS	535 BROCKWAY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807-4825	3.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DEANNE	4.2 NAME	
STREET ADDRESS	7602 COCONUT CREEK COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Warren F. Maust* DATE: **3-18-96** DAYTIME PHONE #: **407-275-0673**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)