FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997
DOCUMENT # 7

703209

(7)

ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, I

NC.						
Principal Plac	e of Business	Mailing Address			I IGRIII IDDIL BRING CINCE TIDIS DDIL	init hikit Ethir Bibri nisti nisti bikti toni
7525 LAKE UNDERHILL DR 7		FLORIDA INC 7525 LAKE UNDERHILL ORLANDO FL 32822-822				
					3. Date Incorporated or Qualified 11/16/1961	3a. Date of Last Report 03/27/1996
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-1088504	Applied For Not Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Coun	try	8. This corporation has liability for	
24	9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of New Re	
	J. 110110 and 71210		- 	1 Name	(0, 114,114,114,114,114,114,114,114,114,11	
MAUST, WARREN F.				2 Street Ado	Iress (P.O. Box Number is Not Accepta	bla)
6336 GREENGATE DRIVE			Ľ	SI BOL AGO	iress (F.C. Box Normber is Not Accepta	
ORLANDO FL 32822			[8	13		
			1	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Sta	tutes, the ab	ove-named cor	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered
agent. La	im familiar with, and accept the oblin	pations of, Section 617.0503.	Florida Statu	tes.		_ 4
SIGNA'-URE	Harren 4	- Wanst				Feb. 1997
12.	Signature Typed or printed name of registered at OCEICERS AS	gent and title if applicable. (f ND DIRECTORS	OTE: Registered	Agent signature requ	lred when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DTP	DELETE	1.1 TITL	E I	ADDITIONAL TO OFF	Change Addition
NAME	MAUST, WARREN		1.2 NAA	IE		·
STREET ADDRESS	6336 GREENGATE DRIVE		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CIT	-ST-ZIP		
TITLE	TVP	DELETE	2.1 TiTt	E		Change Addition
NAME	WARREN, MAUST	/ \	2.2 NAN	ie		
STREET ADDRESS	6336 GREENGATE DR.		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822			Y-ST-ZIP		
TITLE	TOT	☐ DELETE	3.1 TITU	" i		Change Addition
NAME	VAYVOSKI, MIRIAM		3.2 NAM	-		
STREET ADDRESS	535 BROCKWAY AVE.		3.3 STR	EET ADDRESS)
CITY-ST-ZIP	ORLANDO FL 32807-4825	DECEME		Y-ST-ZIP	<u> </u>	1 A 188-
TITLE	TS DEADING	DELETE	4.1 TETR	1 '	FITCH, MIRIAM	Change Addition
NAME	HUGHES, DEANNE	LIDY.	4. 2 NA	1 4	226 CAPEHART DRIV	:
STREET ADDRESS	7602 COCONUT CREEK CO	UNI.	1		-	
CITY - ST - ZIP	ORLANDO FL 32812	DELETE			<u> DRLANDO, FL. 32807</u>	Change Addition
TITLE	TVP Sather, Harley	☐ DELETE	5.1 TITE	ł		The results The Amonion
NAME PERSON ADORESS	5200 SNA PAULO STREET		5.2 NAM			
STREET ADDRESS	ORLANDO FL			EET ADDRESS		
CITY-ST-ZIP TITLE	OTILINATO I L	DELETE	5.4 CH	-ST-ZIP		Change Addition
		C Steele	6.2 NAA			Orange Addition
NAME OTDECT ADDRESS				EET ADDRESS		
STREET ADDRESS				LET AUURESS		

14. I do 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 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 phanged, or on an attachment with an address.

SIGNATURE

MALLEN THE DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Feb, 1997

FILED

Mar 12 1997 8:00am

Secretary of State

Daylime Phone # 0017588