

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703209 (7)**  
1. Corporation Name  
**ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, I NC.**



Principal Place of Business <b>FLORIDA INC 7525 LAKE UNDERHILL DR ORLANDO FL 32822</b>	Mailing Address <b>FLORIDA INC 7525 LAKE UNDERHILL DR ORLANDO FL 32822</b>
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3. Date Incorporated or Qualified <b>11/16/1961</b>
4. FEI Number <b>59-1088504</b>
Applied For Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Gordon Clarke  
1935 So. Conway Rd.  
Orlando, FL 32812**

10. Name and Address of New Registered Agent  
**81 Name THYRA M. KRIEN  
82 Street Address (P.O. Box Number is Not Acceptable) 161 HIDDEN VIEW DR  
83 GROVELAND  
84 City GROVELAND FL 85 Zip Code 34734**

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 Thyra M. Krien

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTP MAUST, WARREN 6336 GREENGATE DRIVE ORLANDO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS FITCH, MIRIAM 226 CAPEHART DR ORLANDO FL 32807</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VAYVOSKI, MIRIAM 535 BROCKWAY AVE. ORLANDO FL 32807-4825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS HUGHES, DEANNE 7802 COCONUT CREEK COURT ORLANDO FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVP SATHER, HARLEY 5200 SNA PAULO STREET ORLANDO FL 32807</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Gordon Clarke 1935 So. Conway Rd. Orlando, FL 32812</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PASTOR THYRA M. KRIEN 161 HIDDEN VIEW DR GROVELAND, FL 34734</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>DT MAUST, WARREN 6336 GREENGATE DR ORLANDO, FL 32822</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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: Thyra M. Krien 6/11/98 1427222-9631

CR2E037 (10/97)