

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90004 032 ****61.25

UBR0201

DOCUMENT # 703209

1. Entity Name

ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, INC.

Principal Place of Business

Mailing Address

**FLORIDA INC
 7525 LAKE UNDERHILL DR
 ORLANDO FL 32822**

**FLORIDA INC
 7525 LAKE UNDERHILL DR
 ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1088504

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRIER, THYRA M
 161 HIDDEN VIEW DR
 GROVELAND FL 34736**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	WILKNER, RALPH
STREET ADDRESS	120 N OXALIS DR
CITY-ST-ZIP	ORLANDO FL 32807
TITLE	<input checked="" type="checkbox"/> Delete
NAME	DS FITCH, MIRIAM
STREET ADDRESS	226 CAPEHART DR
CITY-ST-ZIP	ORLANDO FL 32807
TITLE	<input type="checkbox"/> Delete
NAME	DV KRAFT, DOROTHY
STREET ADDRESS	39 N OXALIS DRIVE
CITY-ST-ZIP	ORLANDO FL 32807
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D SATHER, HARLEY
STREET ADDRESS	5200 SAN PAULO ST
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> Delete
NAME	T HERNANDEZ, CAROL
STREET ADDRESS	7918 GUN CAY AVE
CITY-ST-ZIP	ORLANDO FL 32822
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP Timothy Parnell
STREET ADDRESS	755 Cave Hollow Lane
CITY-ST-ZIP	Orlando, FL 32828
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS Ann Wikner
STREET ADDRESS	120 N Oxalis Drive
CITY-ST-ZIP	Orlando, FL 32807
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:

SIGNATURE REQUIRED **Tim L Parnell**

03/10/02 (407)482-8302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)