


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90004 035 \*\*\*\*61.25

**DOCUMENT # N03000004609**  
1. Entity Name  
**ATONEMENT INTERNATIONAL MINISTRIES, INC**



Principal Place of Business      Mailing Address  
4020 INVERRARY BLVD #20A      4020 INVERRARY BLVD #20A  
LAUDERHILL FL 33319      LAUDERHILL FL 33319

**54066966**



MOORE      CR2E037 (4/04)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

*6836 NW 69TH CT.*  
*TAMARAC, FL.*  
*33321*      *BROWARD USA*

4. FEI Number      Applied For  
*56-2367077*      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CAMPBELL, PASTOR PAUL E**  
**4020 INVERRARY BLVD #20A**  
**LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      Zip Code

*6836 NW 69TH CT.*  
*TAMARAC, FL.*  
**FL**      *33321*

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 *PAUL E. CAMPBELL, D. MIN.*      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, PAUL E 4020 INVERRARY BLVD #20A LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLENDON, CARMAN 4850 MARINERS WAY COCONUT CREEK FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, KEISHA 4020 INVERRARY BLVD #20A LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORRIEGE, ALTHEA 370 NW 105 TERR CORAL SPRINGS FL 33074	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISOLM, ERIC S 1212 GRAY MARE HOLLOW BD AIKEN SC 29803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WILL 8211 SW 5 CT N LAUDERDALE FL 33068	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CAMPBELL, PAUL E</i> <i>6836 NW 69TH CT.</i> <i>TAMARAC, FL. 33321</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CAMPBELL, KEISHA E</i> <i>6836 NW 69TH CT.</i> <i>TAMARAC, FL. 33321</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ALTHEA ORRIEGE</i> <i>5469 N. ST. RD 7</i> <i>TAMARAC, FL. 33319</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ERIC S CHISOLM</i> <i>140 MANDARIN AVE</i> <i>RUEL ROOSEVELT NEW YORK 11575</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *PAUL CAMPBELL, D. MIN. PRESIDENT*      Date: *08-02-04*      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PAUL CAMPBELL, D. MIN.*