

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004609

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: ATONEMENT INTERNATIONAL MINISTRIES, INC

**Current Principal Place of Business:**

4020 INVERRARY BLVD #20A  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

6836 NW 69TH CT  
TAMARAC, FL 33321

**Current Mailing Address:**

6836 NW 69TH COURT  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 56-2367077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CAMPBELL, PASTOR PAUL E  
6836 NW 69TH COURT  
TAMARAC, FL 33321      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CAMPBELL, PAUL E  
Address: 6836 NW 69TH COURT  
City-St-Zip: TAMARAC, FL 33321

Title: TD      ( ) Delete  
Name: MCCLENDON, CARMAN  
Address: 4850 MARINERS WAY  
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD      ( ) Delete  
Name: CAMPBELL, KEISHA  
Address: 6836 NW 69TH COURT  
City-St-Zip: TAMARAC, FL 33321

Title: D      ( ) Delete  
Name: ORRIEGE, ALTHEA  
Address: 5469 N. ST. RD. 7  
City-St-Zip: TAMARAC, FL 33319

Title: D      ( ) Delete  
Name: CHISOLM, ERIC S  
Address: 140 MANHATTEN AVE  
City-St-Zip: ROOSEVELT, NY 11575

Title: D      ( ) Delete  
Name: THOMPSON, WILL  
Address: 8211 SW 5 CT  
City-St-Zip: N LAUDERDALE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL CAMPBELL

PD

06/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date