

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26311 (3)

1. Corporation Name
ATONEMENT LUTHERAN CHURCH OF WESLEY CHAPEL, INC.



Principal Place of Business 29617 STATE RD 54 WESLEY CHAPEL FL 33543-4200 US	Mailing Address 29617 STATE RD 54 WESLEY CHAPEL FL 33543-4200 US
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3. Date Incorporated or Qualified
05/06/1988

4. FEI Number
59-2858152

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

7. Is this nonprofit corporation a homeowners association?
 Yes No

24 Zip Country

29 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**COX, MATTHEW G.
1534 COPPERSMITH CT
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name Douglas Peterson
82 Street Address (P.O. Box Number is Not Acceptable) 1589 Twin Palms Loop
83
84 City Wesley Chapel FL 85 Zip Code 33543

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: *[Signature]* DATE: **1/20/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME BECKUM, JANET	
STREET ADDRESS 6334 MANGROVE DRIVE	
CITY-ST-ZIP WESLEY CHAPEL FL 33544	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME HARTWIG, BONNIE	
STREET ADDRESS 28516 TWINBROOK LANE	
CITY-ST-ZIP WESLEY CHAPEL FL 33543	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME GRACE, ELIZABETH	
STREET ADDRESS 8726 UISLAND BREEZE LN	
CITY-ST-ZIP TEMPLE TERRACE FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME LENZ, NILS	
STREET ADDRESS 37023 PEPPER DRIVE	
CITY-ST-ZIP ZEPHYRHILLS FL 33541	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME COX, MATTHEW G.	
STREET ADDRESS 1534 COPPERSMITH CT.	
CITY-ST-ZIP WESLEY CHAPEL FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CROFOOT, JILL	
STREET ADDRESS 5215 HALSTEAD LANE	
CITY-ST-ZIP ZEPHYRHILLS FL 33541	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Douglas Peterson	
1.3 STREET ADDRESS 1589 Twin Palms Loop	
1.4 CITY-ST-ZIP Lutz, FL 33549	
2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Sherry Alexakos	
2.3 STREET ADDRESS 4625 Windy Lane	
2.4 CITY-ST-ZIP Zephyrhills, FL 33541	
3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Rena Ashworth	
3.3 STREET ADDRESS 28542 Hanging Moss Loop	
3.4 CITY-ST-ZIP Wesley Chapel, FL 33543	
4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Judi Brookover	
4.3 STREET ADDRESS 32348 Carolines Path	
4.4 CITY-ST-ZIP Dade City, FL 33525	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Kathy Henk	
5.3 STREET ADDRESS 36410 Malibu Way	
5.4 CITY-ST-ZIP Zephyrhills, FL 33541	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: **1/20/98**

CR2E037 (10/97)