

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26311

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

FILED

99 DEC 10 PM 3: 26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/08/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2858152	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PETERSON, DOUGLAS 29617 SR 54 WESLEY CHAPEL FL 33543				81 Name			
				CHRISTOPHER KENNEDY			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2321 ORLEANS PLACE			
				83			
				84 City			
				LAND O' LAKES, FL			
				85 Zip Code			
				34039			

11. Pursuant to the provisions of Sections 617.0602 and 617.1606, 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 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 6/30/99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, DOUGLAS			1.2 NAME	CHRISTOPHER KENNEDY		
STREET ADDRESS	1589 TWIN PALMS LOOP			1.3 STREET ADDRESS	2321 ORLEANS PLACE		
CITY-ST-ZIP	LUTZ FL 33549			1.4 CITY-ST-ZIP	LAND O' LAKES, FL 34639		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXAKOS, SHERRY			2.2 NAME	Debbie COLLURA		
STREET ADDRESS	4625 WINDY LN			2.3 STREET ADDRESS	7601 Thunderhead St		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			2.4 CITY-ST-ZIP	Wesley Chapel, FL 33544		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHWORTH, RENA			3.2 NAME			
STREET ADDRESS	28542 HANGING MOSS LOOP			3.3 STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL 33543			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKOVER, JUDI			4.2 NAME			
STREET ADDRESS	32348 CAROLINES PATH			4.3 STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525			4.4 CITY-ST-ZIP	07/26/99 90001 047		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENK, KATHY			5.2 NAME	DENNIS ROWAN		
STREET ADDRESS	36410 MALIBU WY			5.3 STREET ADDRESS	4034 PARKWAY BLVD		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			5.4 CITY-ST-ZIP	Land O' LAKES FL 34639		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROFOOT, JILL			6.2 NAME	CINDY MARTIN		
STREET ADDRESS	5215 HALSTEAD LANE			6.3 STREET ADDRESS	6632 BONNIE BIVE DR.		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			6.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		SP

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 with an officer like empowered.

SIGNATURE: *[Signature]* ORIGINAL SIGNED DATE: 6/30/99 813.973.2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Atonement Lutheran Church

29617 State Road 54 • Wesley Chapel, FL 33543 • Phone (813) 673-2211 • FAX (813) 673-2061

November 1, 1999

Attention: Tyrone Scott
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

RE: Document # N26311

Dear Sirs:

About two weeks ago Atonement Lutheran Church received from you a document titled "Notice of Administrative Dissolution or Revocation."

A check of our files revealed that this congregation had, in fact, sent payment to your office in the amount of \$61.25 with check #12218 dated 7/7/99. We also determined that the check had been processed and returned to us after being cashed 7/27/99. A copy of this check is enclosed.

In addition, a copy of the required form had apparently been completed according to the directions and returned to you in the envelope required. I am enclosing a copy of the form in case you need to review this information.

Therefore, I am writing to request that you waive any penalties that might ordinarily be due since we did send you the check in a late but timely manner.

Your kind assistance is most appreciated.

Sincerely yours,



Rev. Tom Rehl, Interim Pastor
Atonement Lutheran Church