

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90070 002 \*\*\*\*61.25

**DOCUMENT # N26311**

1. Entity Name

**ATONEMENT LUTHERAN CHURCH OF WESLEY CHAPEL, INC.**



DO NOT WRITE IN THIS SPACE

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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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-2858152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KENNEDY, CHRISTOPHER**  
**23321 ORLEANS PLACE**  
**LAND O'LAKES FL 34639**

**7. Name and Address of New Registered Agent**

Name: **Vicky Rowan**  
 Street Address (P.O. Box Number is Not Acceptable): **4034 Parkway Blvd**  
**Land O Lakes**  
 City: **FL** Zip Code: **34639**

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: *Victoria J Rowan* DATE: **4-11-00**

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

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KENNEDY, CHRISTOPHER</b>
STREET ADDRESS	<b>23321 ORLEANS PLACE</b>
CITY-ST-ZIP	<b>LAND O'LAKES FL 34639</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>COLLURA, DEBBIE</b>
STREET ADDRESS	<b>7601 THUNDERHEAD ST</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33544</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>ASHWORTH, RENA</b>
STREET ADDRESS	<b>28542 HANGING MOSS LOOP</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BROOKOVER, JUDI</b>
STREET ADDRESS	<b>32348 CAROLINES PATH</b>
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROWAN, DENNIS</b>
STREET ADDRESS	<b>4034 PARKWAY BLVD</b>
CITY-ST-ZIP	<b>LAND O'LAKES FL 34639</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARTIN, CINDY</b>
STREET ADDRESS	<b>6632 BONNIE BLVE DR</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33544</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>Dr. Rowan, Vicky</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rowan, Vicky</b>
STREET ADDRESS	<b>4034 Parkway Blvd</b>
CITY-ST-ZIP	<b>Land O Lakes FL 34639</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RITCHEL G KLINGENSMITH</b>
STREET ADDRESS	<b>29435 SCHUMBERG HWY LN</b>
CITY-ST-ZIP	<b>SAN ANTONIO, FL 78276</b>
TITLE	<b>San Ashworth</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>San Ashworth</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Alvarez, Kathy</b>
STREET ADDRESS	<b>27737 Black Hawk Dr.</b>
CITY-ST-ZIP	<b>Wesley Chapel, FL 33544</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>26405 Pheasant Run</b>
STREET ADDRESS	<b>Wesley Chapel, FL 33543</b>
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: *Kathy Alvarez* DATE: **4-11-00** DAYTIME PHONE #: **(813) 973-3049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR