

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90211 015 \*\*\*\*61.25


14000100



01102005 Chg-NP CR2E037 (10/03)

**DOCUMENT # N26311**

1. Entity Name  
**ATONEMENT LUTHERAN CHURCH OF WESLEY CHAPEL, INC..**



Principal Place of Business  
**ATONEMENT LUTHERAN CHURCH  
 WESLEY CHAPEL, FL US**

Mailing Address  
**29617 STATE RD 54  
 WESLEY CHAPEL, FL 33543-4200 US**

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

4. FEI Number  
**NOT APPLICABLE**

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BIDWELL, ALBERT P 3318 CASTLE ROW CIRCLE LAND O LAKES, FL 34639</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYMER, REUBEN			NAME	ASHWORTH, STANLEY		
STREET ADDRESS	5431 CAROL DR.			STREET ADDRESS	28542 HANGING MOSS LOOP		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543			CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASHWORTH, STANLEY			NAME	AEPPEL, DETLEV		
STREET ADDRESS	28542 HANGING MOSS LOOP			STREET ADDRESS	5530 WOODBINE DR.		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543			CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LENZ, BRENDA			NAME			
STREET ADDRESS	37023 PEPPER DR.			STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUAK, LINFORD D			NAME			
STREET ADDRESS	4121 KIPLING AVE.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIDWELL, ALBERT P			NAME			
STREET ADDRESS	3318 CASTLE ROCK CIR.			STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(ii), 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-B changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert P. Bidwell 5-1-05 TRS/S

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Phone #