

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703209

**Entity Name:** ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, INC.**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC7967039821****Current Principal Place of Business:**8849 PASSAIC PARKWAY  
ORLANDO, FL 32829**Current Mailing Address:**P.O. BOX 620931  
ORLANDO, FL 32862 US**FEI Number: 59-1088504****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RAHDERT, GEORGE K ESQ.  
535 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US*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: GEORGE K. RAHDERT****03/23/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** SMITH, WILLIAM B  
**Address** 10019 SWEETLEAF ST.  
**City-State-Zip:** ORLANDO FL 32817**Title** TREASURER  
**Name** SCHEPLER, SHIRLEY  
**Address** 2857 GULF WINDS CT.  
**City-State-Zip:** OVIEDO FL 32765**Title** FINANCIAL SECRETARY  
**Name** SHANER, BARBARA E  
**Address** 1620 NEWCHAPEL DRIVE  
**City-State-Zip:** ORLANDO FL 32837**Title** COUNCIL MEMBER  
**Name** ASHDOWN, STEPHANIE  
**Address** 7358 VISTA PARK BLVD  
**City-State-Zip:** ORLANDO FL 32828**Title** SECRETARY  
**Name** KRONMANN, RACHEL  
**Address** 1517 TERRA CEIA BAY CIRCLE  
**City-State-Zip:** PALMETTO FL 34221**Title** VP  
**Name** BURNS, LEE  
**Address** 6335 CONTESSA DR  
APT 205  
**City-State-Zip:** ORLANDO FL 32829**Title** PASTOR  
**Name** COX, JEFFERSON  
**Address** C/O GRACE LUTHERAN CHURCH  
1812 N HIGHLAND AVE  
**City-State-Zip:** CLEARWATER FL 33755

*I hereby 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 all other like empowered.*

**SIGNATURE: BARBARA E. SHANER****FINANCIA SECRETARY****03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date