| DOCUMENT# N1200008518   |
|---|
| Entity Name: ATONEMENT LUTHERAN SCHOOL OF ORLANDO FLORIDA, INC. |
| Current Principal Place of Business:                            |

2014 ELORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

8849 PASSAIC PKWY ORLANDO, FL 32829

#### **Current Mailing Address:**

8849 PASSAIC PKWY ORLANDO, FL 32829

### FEI Number: 46-1217602

#### Name and Address of Current Registered Agent:

CECCOLI, MARY 6523 LAKE PEMBROKE PL ORLANDO, FL 32829 US Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

| Officer/Director Detail : |                           |                 |                          |  |  |
|---------------------------|---------------------------|-----------------|--------------------------|--|--|
| Title                     | DIRECTOR                  | Title           | ADMIN. ASSIST.           |  |  |
| Name                      | CECCOLI, MARY             | Name            | ORTIZ, SUSAN             |  |  |
| Address                   | 6523 LAKE PEMBROKE PL     | Address         | 8652 FORT SHEA AVE       |  |  |
| City-State-Zip:           | ORLANDO FL 32829          | City-State-Zip: | ORLANDO FL 32822         |  |  |
|                           |                           |                 |                          |  |  |
| Title                     | PRESIDENT                 | Title           | SECRETARY                |  |  |
| Name                      | TIMKO, JAMIE              | Name            | GAINES, KENDRA           |  |  |
| Address                   | 9842 MARSH POINTE DRIVE   | Address         | 10224 HART BRANCH CIRCLE |  |  |
| City-State-Zip:           | ORLANDO FL 32832          | City-State-Zip: | ORLANDO FL 32832         |  |  |
|                           |                           |                 |                          |  |  |
| Title                     | TREASURER                 | Title           | PASTOR                   |  |  |
| Name                      | PIAZZA, ANDREA            | Name            | COX, JEFFERSON           |  |  |
| Address                   | 10544 SPARROW LANDING WAY | Address         | 8849 PASSAIC PKWY        |  |  |
| City-State-Zip:           | ORLANDO FL 32832          | City-State-Zip: | ORLANDO FL 32829         |  |  |
|                           |                           |                 |                          |  |  |

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: MARY P. CECCOLI

DIRECTOR

02/26/2014

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 26, 2014 Secretary of State CC1053883604