

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26311

**FILED**  
**Jun 12, 2020**  
**Secretary of State**  
**3838975754CC**

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

**Current Principal Place of Business:**

29617 STATE RD 54  
WESLEY CHAPEL, FL 33543-4257

**Current Mailing Address:**

29617 STATE RD 54  
WESLEY CHAPEL, FL 33543-4257 US

**FEI Number: 59-2858152**

**Certificate of Status Desired: Yes**

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

REIBER, JACOB ATTY  
26650 WESLEY CHAPEL BLVD - STE. A  
LUTZ, FL 33559 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CHIARAMONTE, LAURIE  
Address 5700 WHITEBRK DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33543

Title S  
Name UNGERER, COTTA  
Address 5427 LISA CIRCLE  
City-State-Zip: ZEPHYRHILLS FL 33542

Title T  
Name ROTHGEB, CAROL M  
Address 6773 BASSWOOD CIR  
City-State-Zip: ZEPHYRHILLS FL 33542-6612

Title VP  
Name BARTELL, PAUL  
Address 7702 OUTERBRIDGE STREET  
City-State-Zip: WESLEY CHAPEL FL 33545

Title PASTOR  
Name LINDNER, SCOTT E  
Address 4721 TAMPA DOWNS BLVD  
City-State-Zip: LUTZ FL 33559

Title OFFICE ADMINISTRATOR  
Name GANDIOSI, MARYBETH  
Address 7876 TIMBERVIEW LOOP  
City-State-Zip: WESLEY CHAPEL FL 33545

*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: MARYBETH GANDIOSI**

**OFFICE ADMINISTRATOR 06/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date