SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: 351.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703209

1. Corporation Name

ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, I

Principal Place of Business FLORIDA INC 7525 LAKE UNDERHILL DR ORLANDO FL 32822 Mailing Address

FLORIDA INC 7525 LAKE UNDERHILL DR ORLANDO FL 32822

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90003 030 ****61.25



						_						
2. Principal Place of Business			2a.	2a. Mailing Address				3. Date Incorporated or Qualifed				
21	¬ ·							11/16/1961				
= 1	Suite, Apt. #, etc.			Suite, Apt. #, etc.					FEI Number		_	Applied For
22			27						59-1088504			Not Applicable
_	City & State			City & State				5.	Certificate of Status Desired			75 Additional e Required
23			28					ļ				
	Zip	Country	l .	Zip	Cou	ntry		6.	Election Campaign Financing	П	\$5 .	00 May Be
24		25	29		30				Trust Fund Contribution		Add	ded to Fees
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
KRIEN, THYRA M 161 HIDDEN VIEW DR					81 82 83	Street Addres	ss (P	R, THYRAM. O. Box Number is Not Acceptable DDEN VIEW DR	e)		<u></u> .	
						84	City Ray	 ع ر	LAND	FL		Zip Code 34736

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable		pistered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	, process	13.	AND DIRECTORS IN 12		
TITLE	DT	DELETE	1.1 TITLE	DTP	Change	Addition
NAME	MAUST, WARREN		1.2 NAME	MANST, WARREN 6326 GROENGATE DR. 6326 ANDO, PL		
STREET ADDRESS	6336 GREENGATE DRIVE		1.3 STREET ADDRESS	132 CRUENCATE DR.		ļ
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	BRIANDO, PL		
TITLE	TS	DELETE	2.1 TITLE	_	Change	☐ Addition
NAME	FITCH, MIRIAM		2.2 NAME	FITCH MIRIAM		
STREET ADDRESS	226 CAPEHART DR		2.3 STREET ADDRESS	PITCH MIRIAM 226 CAPEHART DR		
CITY-ST-ZIP	ORLANDO FL 32807		2:4 CITY-ST-ZIP	ORLANDO		
TITLE	P	DELETE	3.1 TITLE	DV "	Change	Addition
NAME	KRIEN, THYRA M		3.2 NAME	DAUM, WILLIAM 9242 EVERWOOD ST.		
STREET ADDRESS	161 HIDDEN VIEW DR		3.3 STREET ADDRESS	4747 EVER		
CITY-ST-ZIP	ORLANDO FL 32807-4825		3.4. CITY-ST-ZIP	ORLANDO, FL		- 4 1 1841
TITLE	TVP	DELETE	4.1 TITLE	Parties was 54	Change	Addition
NAME	SATHER, HARLEY	İ	4. 2 NAME	SATHER HARLEY 5200 SAN PAULO ST.		
STREET ADDRESS	5200 SNA PAULO STREET		4.3 STREET ADDRESS	STOO SAN PAUCO ST.		
CITY+ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO, FL		
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 407/275-8243