

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 703209**

1. Entity Name

ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, I

3/1/

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-01-2001 90053 009 ****61.25

Principal Place of Business

Mailing Address

FLORIDA INC
7525 LAKE UNDERHILL DR
ORLANDO FL 32822FLORIDA INC
7525 LAKE UNDERHILL DR
ORLANDO FL 32822

32697



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1088504

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KRIER, THYRA M
161 HIDDEN VIEW DR
GROVELAND FL 34736

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | DTP | <input checked="" type="checkbox"/> Delete |
| NAME | MAUST, WARREN | |
| STREET ADDRESS | 9242 EVERWOOD STREET | |
| CITY-ST-ZIP | ORLANDO FL 32825 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | FITCH, MIRIAM | |
| STREET ADDRESS | 226 CAPEHART DR | |
| CITY-ST-ZIP | ORLANDO FL 32807 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | KRAFT, DOROTHY | |
| STREET ADDRESS | 39 N OXALIS DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32807 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SATHER, HARLEY | |
| STREET ADDRESS | 5200 SAN PAULO ST | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|--|
| TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RALPH WIKNER | |
| STREET ADDRESS | 120 N. OXALIS DR | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAROL HERNANDEZ | |
| STREET ADDRESS | 7918 GUN CAY AVE | |
| CITY-ST-ZIP | ORLANDO, FL 32822 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH WIKNER

Date

Daytime Phone #

3/23/01 (407) 277-9631