

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703209

1. Entity Name

ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, INC.

Principal Place of Business

Mailing Address

FLORIDA INC
7525 LAKE UNDERHILL DR
ORLANDO FL 32822

FLORIDA INC
7525 LAKE UNDERHILL DR
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1088504

Applied For

Not Applicable

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

KRIER, THYRA M
161 HIDDEN VIEW DR
GROVELAND FL 34736

Name

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

City

FL

Zip Code

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME WILKNER, RALPH
STREET ADDRESS 120 N OXALIS DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Change ☒ Addition
NAME DP
STREET ADDRESS Timothy Parnell
CITY-ST-ZIP 755 Cave Hollow Lane
Orlando, FL 32828 ☐ Change ☐ Addition

TITLE ☒ Delete
NAME DS
STREET ADDRESS FITCH, MIRIAM
CITY-ST-ZIP 226 CAPEHART DR
ORLANDO FL 32807

TITLE ☐ Change ☒ Addition
NAME DS
STREET ADDRESS Ann Wikner
CITY-ST-ZIP 120 N Oxalis Drive
Orlando, FL 32807 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME DV
STREET ADDRESS KRAFT, DOROTHY
CITY-ST-ZIP 39 N OXALIS DRIVE
ORLANDO FL 32807

TITLE ☐ Change ☒ Addition
NAME DS
STREET ADDRESS Ann Wikner
CITY-ST-ZIP 120 N Oxalis Drive
Orlando, FL 32807 ☐ Change ☐ Addition

TITLE ☒ Delete
NAME D
STREET ADDRESS SATHER, HARLEY
CITY-ST-ZIP 5200 SAN PAULO ST
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS HERNANDEZ, CAROL
CITY-ST-ZIP 7918 GUN CAY AVE
ORLANDO FL 32822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED Timothy L Parnell

03/10/02 (407)482-8302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

UBR0201

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90004 032 *****61.25



DO NOT WRITE IN THIS SPACE