

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90067 037 ****61.25

DOCUMENT # 703209

1. Entity Name

**ATONEMENT LUTHERAN CHURCH OF ORLANDO, FLORIDA, I
NC.**



Principal Place of Business

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

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

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

**KRIER, THYRA M
161 HIDDEN VIEW DR
GROVELAND FL 34736**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DP WILKNER, RALPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	120 N OXALIS DR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE NAME	DP PARNELL, TIMOTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	755 CAVE HOLLOW LANE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE NAME	DV KRAFT, DOROTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	39 N OXALIS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE NAME	DS WIKNER, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	120 N OXALIS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE NAME	T HERNANDEZ, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	7918 GUN CAY AVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P MENEW, CLYDE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6422 GIBSON DR.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE NAME	V DAUM, WILLIAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9242 EVERWOOD ST.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE NAME	S VANBEVERN, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	730 KAYWOOD DR.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE NAME	D NELSON, LINDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9979 GRONAU CT.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE NAME	D RICHARDS, LILLIAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7966 SWORDFISH LN.	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE NAME	D PALMER, TERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4414 SHORECREST DR.	
CITY-ST-ZIP	ORLANDO, FL 32804	

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 duly empowered.

SIGNATURE:

Carol Hernandez
CAROL J. HERNANDEZ

2.21.03

407.277.9631

CR2E037 (10/02)