


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90004 035 ****61.25

DOCUMENT # N03000004609	
1. Entity Name ATONEMENT INTERNATIONAL MINISTRIES, INC	

Principal Place of Business 4020 INVERRARY BLVD #20A LAUDERHILL FL 33319	Mailing Address 4020 INVERRARY BLVD #20A LAUDERHILL FL 33319
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54066966



MOORE CR2E037 (4/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 6836 NW 69TH CT. TAMARAC, FL. City & State Zip 33321	
Country USA	Country BROWARD USA		

4. FEI Number 56-2367077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPBELL, PASTOR PAUL E 4020 INVERRARY BLVD #20A LAUDERHILL FL 33319	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6836 NW 69TH CT. TAMARAC, FL. City FL Zip Code 33321	
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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 **PAUL E. CAMPBELL, D. MIN.**
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 Due By September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, PAUL E 4020 INVERRARY BLVD #20A LAUDERHILL FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, PAUL E 6836 NW 69TH CT. TAMARAC, FL. 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLENDON, CARMAN 4850 MARINERS WAY COCONUT CREEK FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, KEISHA 4020 INVERRARY BLVD #20A LAUDERHILL FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, KEISHA E 6836 NW 69TH CT. TAMARAC, FL. 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORRIEGE, ALTHEA 370 NW 105 TERR CORAL SPRINGS FL 33074 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTHEA ORRIEGE 5469 N. ST. RD 7 TAMARAC, FL. 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISOLM, ERIC S 1212 GRAY MARE HOLLOW RD AIKEN SC 29803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC S CHISOLM 140 MANHATTAN AVE RUE ROOSEVELT NEW YORK 11575 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WILL 8211 SW 5 CT N LAUDERDALE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PAUL CAMPBELL, D. MIN.** PRESIDENT 08-02-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #