

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004609

FILED
Jun 23, 2006
Secretary of State

Entity Name: ATONEMENT INTERNATIONAL MINISTRIES, INC

Current Principal Place of Business:

6836 NW 69TH CT
TAMARAC, FL 33321

New Principal Place of Business:

8292 ROCKY CREEK DRIVE
JACKSONVILLE, FL 32244

Current Mailing Address:

6836 NW 69TH COURT
TAMARAC, FL 33321

New Mailing Address:

8292 ROCKY CREEK DRIVE
JACKSONVILLE, FL 32244

FEI Number: 56-2367077 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, PASTOR PAUL E
6836 NW 69TH COURT
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

CAMPBELL, PASTOR PAUL E
8292 ROCKY CREEK DRIVE
JACKSONVILLE, FL 32244 US

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: _____

06/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, PAUL E
Address: 6836 NW 69TH COURT
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: MCCLENDON, CARMAN
Address: 4850 MARINERS WAY
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD () Delete
Name: CAMPBELL, KEISHA
Address: 6836 NW 69TH COURT
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: ORRIEGE, ALTHEA
Address: 5469 N. ST. RD. 7
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: CHISOLM, ERIC S
Address: 140 MANHATTEN AVE
City-St-Zip: ROOSEVELT, NY 11575

Title: D () Delete
Name: THOMPSON, WILL
Address: 8211 SW 5 CT
City-St-Zip: N LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, PAUL E
Address: 8292 ROCKY CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CAMPBELL, KEISHA
Address: 8292 ROCKY CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR PAUL CAMPBELL

PD

06/23/2006

Electronic Signature of Signing Officer or Director

Date