

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005245 (5)

1. Corporation Name
THE EPISCOPAL CHURCH OF THE ATONEMENT, INC.



Principal Place of Business
**4401 WEST OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313
US**

Mailing Address
**4401 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313
US**

3. Date Incorporated or Qualified
10/21/1994

3a. Date of Last Report
06/13/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number
59-1461293

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COUNTRYMAN, JOHN E
1871 NW 96 AVE
PLANTATION FL 33322**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *John E Countryman* DATE: **4-2-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKENZIE, HILDA	
STREET ADDRESS	4401 W OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TROTMAN, LISLE	
STREET ADDRESS	4401 W OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRANCIS, THELMA	
STREET ADDRESS	4401 W OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEADMAN, JOHN	
STREET ADDRESS	4401 W OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAMSAY, LINDA	
1.3 STREET ADDRESS	4401 W. OAKLAND PARK BLVD	
1.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Ramsay 6/2/96* DATE: **979-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
LINDA RAMSAY

CR2E037 (12/95)