2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005245

FILED Jul 01, 2004 Secretary of State

Entity Name: THE EPISCOPAL CHURCH OF THE ATONEMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 4401 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313 **Current Mailing Address: New Mailing Address:** 4401 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313 US FEI Number: 59-1461293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COUNTRYMAN, JOHN E WALKER, FAY L 1871 NW 96 AVE 5901 BLUE BEECH PLACE PLANTATION, FL 33322 US TAMARAC, FL 33319 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: FAY WALKER 07/01/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HENRY, EARL F REV Name: Name: 4401 W OAKLAND PARK BLVD Address: Address: City-St-Zip: LAUDERDALE LAKES, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: BARRETT, BANVILLE Name: Address: 4401 W OAKLAND PARK BLVD Address: City-St-Zip: LAUDERDALE LAKES, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition GOODISON, LORNA Name: STEPHENSON, YVETTE Name: 4401 W OAKLAND PARK BLVD 4401 W OAKLAND PARK BLVD Address: Address: City-St-Zip: LAUDERDALE LAKES, FL City-St-Zip: LAUDERDALE LAKES, FL Title: TD () Delete Title: () Change () Addition WALKER, FAY Name: Name: 4401 W OAKLAND PARK BLVD Address: Address: City-St-Zip: LAUDERDALE LAKES, FL City-St-Zip: Title: Title: () Delete () Change () Addition ORA, DENNIS Name: Name: 4401 W OAKLAND PARK BLVD Address: Address: City-St-Zip: LAUDERDALE LAKES, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FAY WALKER TD 07/01/2004