

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002224

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** OUR LADY OF SORROWS CHAPEL OF ATONEMENT CHURCH ASSOCIATION INC.

**Current Principal Place of Business:**

180 EILEEN AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

180 EILEEN AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-3572744      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIGIL, ARMANDO J  
180 EILEEN AVENUE  
ALTAMONTE SPRINGS, FL 32714      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GAUVIN, AIME H  
Address: 180 EILEEN AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      ( ) Delete  
Name: VIGIL, ARMANDO J  
Address: 154 GRACE BOULEVARD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST      ( ) Delete  
Name: ETLING, MARK B  
Address: 180 EILSON AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: O      ( ) Delete  
Name: CRUTCHER, MELITA  
Address: 108 S. PEARL LAKE CSWY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: ARMANDO J VIGIL

D

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date