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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 706994 (1)

1. Corporation Name

THE SOUTHEASTERN DISTRICT OF THE EVANGELICAL FRE E CHURCH OF AMERICA, INC.

Principal Place of Business	Mailing Address
1900 HOWELL BRANCH RD. WINTER PARK FL 32792 US	1900 HOWELL BRANCH ROAD #5 WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1964
3a. Date of Last Report: 03/17/1994
4. FEI Number: 70-6994632 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ERIKSEN, WALTER A.,JR.
9624 LAKE DOUGLAS PL
ORLANDO FL 32817

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	1.1 TITLE	☒ Change ☐ Addition
NAME	ERIKSEN JR., WALTER A.	1.2 NAME	
STREET ADDRESS	9624 LK.DOUGLAS PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	1.4 CITY-ST-ZIP	ORLANDO FL 32817
TITLE	CD	2.1 TITLE	☒ Change ☐ Addition
NAME	~~DEKLAVON, ROBERT~~	2.2 NAME	JOHNSON, CHRISTOPHER
STREET ADDRESS	~~17376 LEE ROAD~~	2.3 STREET ADDRESS	2330 BERMUDA DRIVE
CITY-ST-ZIP	~~FT. MYERS FL~~	2.4 CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	MELCHIOR, DAVID	3.2 NAME	
STREET ADDRESS	245 BRIGHTON COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	3.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	~~SD~~	4.1 TITLE	D ☒ Change ☐ Addition
NAME	~~BROWN, NEAL~~	4.2 NAME	BISHOP, ALFRED
STREET ADDRESS	~~1252 HOLLY CIRCLE~~	4.3 STREET ADDRESS	3218 SANDLEHEATH
CITY-ST-ZIP	~~OLDSMAR FL~~	4.4 CITY-ST-ZIP	SARASOTA FL 34235
TITLE	FSD	5.1 TITLE	☒ Change ☐ Addition
NAME	IVARSON, VERNE	5.2 NAME	
STREET ADDRESS	2860 DUFFTON LOOP	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~TALLAHASSEE FL~~	5.4 CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	TD	6.1 TITLE	☒ Change ☐ Addition
NAME	~~POWELL, BOB~~	6.2 NAME	FUNK, JOE
STREET ADDRESS	~~170 MEADOW RIDGE DR.~~	6.3 STREET ADDRESS	3367 MICANOPY TRAIL
CITY-ST-ZIP	~~TALLAHASSEE FL~~	6.4 CITY-ST-ZIP	TALLAHASSEE FL 32312

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)(i), 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: _____ 3-2-95 407-677-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALTER A. ERIKSEN, JR.