

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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  
US1900 HOWELL BRANCH ROAD  
#5  
WINTER PARK FL 32792-1069  
US3. Date Incorporated or Qualified  
03/18/19643a. Date of Last Report  
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
70-6994632Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

## 9. Name and Address of Current Registered Agent

ERIKSEN, WALTER A., JR.  
9824 LAKE DOUGLAS PL.  
ORLANDO FL 32817

## 10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> DELETE
NAME	ERIKSEN JR., WALTER A.	
STREET ADDRESS	9824 LK. DOUGLAS PL.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CHRISTOPHER	
STREET ADDRESS	2330 BERMUDA DRIVE	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MELCHIOR, DAVID	
STREET ADDRESS	245 BRIGHTON COURT	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, ALFRED	
STREET ADDRESS	3218 SANDLEHEATH	
CITY - ST - ZIP	SARASOTA FL	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	IVARSON, VERNE	
STREET ADDRESS	2880 DUFFTON LOOP	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FNNK, JOE	
STREET ADDRESS	3367 MICANOPY TRAIL	
CITY - ST - ZIP	TALLAHASSEE FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	Thompson, Neal
3.3 STREET ADDRESS	727 SW 24th St
3.4 CITY - ST - ZIP	Gainesville, FL 32607-3137
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 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, 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: *Walter A. Eriksen, Jr.* 1-17-97 407-325-7110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015407

CR2E037 (9/96)