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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



3. Date Incorporated or Qualified

**03/18/1964**

4. FEI Number

**70-6994632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution ☐

**Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**M  
ERIKSEN JR., WALTER A.  
9624 LK. DOUGLAS PL.  
ORLANDO FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**CD  
Read, James  
3613 Little Rd.  
Lutz, FL 33549-4701**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
JOHNSON, CHRISTOPHER  
2330 BERMUDA DRIVE  
MIRAMAR FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**CD  
Johnson, Christopher  
2330 W. Bermuda Dr  
Miramar, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
THOMPSON, NEAL  
727 S.W. 27TH ST.  
GAINESVILLE FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
**TD  
F5M  
Johnson, Ellen  
886 N Jefferson Dr  
Casselberry, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BISHOP, ALFRED  
3218 SANDEHEATH  
SARASOTA FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
**TD  
F5M  
Johnson, Ellen  
886 N Jefferson Dr  
Casselberry, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**FSD  
IVARSON, VERNE  
2860 DUFFTON LOOP  
TALLAHASSEE FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
**TD  
F5M  
Johnson, Ellen  
886 N Jefferson Dr  
Casselberry, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
FNNK, JOE  
3367 MICANOPY TRAIL  
TALLAHASSEE FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
**TD  
F5M  
Johnson, Ellen  
886 N Jefferson Dr  
Casselberry, FL 32707**

14. I 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 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: **Ellen L. Johnson**

**3-20-98**

**407-677-6226**

CP2E037 (10/97)