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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90214 029 \*\*\*\*61.25

**DOCUMENT # 706994**

1. Corporation Name

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

Principal Place of Business

1900 HOWELL BRANCH RD.  
WINTER PARK FL 32792  
US

Mailing Address

1900 HOWELL BRANCH ROAD  
#5  
WINTER PARK FL 32792  
US

168042 8 90214 29 2



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country 30

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

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 ☐ DELETE

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

TITLE CD ☐ DELETE

NAME REED, JAMES  
STREET ADDRESS 3613 LITTLE RD  
CITY-ST-ZIP LUTZ FL 33549-4701

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME BISHOP, ALFRED  
STREET ADDRESS 3218 SANDLEHEATH  
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME JOHNSON, CHRISTOPHER  
STREET ADDRESS 2330 W BERMUDA DR  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE TDFS ☐ DELETE

NAME ABRAMSON, ELLEN  
STREET ADDRESS 886 N JERICO DR  
CITY-ST-ZIP CASSELBERRY FL 32707

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 43 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)