

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706994

1. Entity Name

THE SOUTHEASTERN DISTRICT OF THE EVANGELICAL FRE

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90008 050 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

70-6994632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 Walter Eriksen, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/4/2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition  
NAME Ann Hoy  
STREET ADDRESS 524 La Costa Court  
CITY-ST-ZIP Melbourne, FL 32940

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BISHOP, ALFRED  
STREET ADDRESS 3218 SANDLEHEATH  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3120 Cedar Bay Drive  
CITY-ST-ZIP Melbourne, FL 32934

12. 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 report or supplemental 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 10 or Block 11 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

Daytime Phone #

CR2E037 (5/00)