

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90034 005 ****61.25

DOCUMENT # 706994

1. Entity Name

THE SOUTHEASTERN DISTRICT OF THE EVANGELICAL FRE

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

4. FEI Number

70-6994632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Friesen Leo**
 CITY-ST-ZIP **108 Havenstraat St.**
Kernersville, NC 27284

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HOY, ANN**
 CITY-ST-ZIP **524 LACOSTA CT**
MELBOURNE FL 32940

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

TITLE ☐ Delete
 NAME **TDFS**
 STREET ADDRESS **ABRAMSON, ELLEN**
 CITY-ST-ZIP **3120 CEDAR BAY DR**
MELBOURNE FL 32934

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

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

4/9/01

407 677 6226

Date

Daytime Phone #

CR2E037 (10/00)