FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:46

DOCUMENT # N15434 (6)

1. Corporation Name

TRUSTEES OF THE PREACHERS' RELIEF FUND OF THE FL ORIDA CONFERENCE OF THE UNITED METHODIST CHURCH,

Principal Place of Business	Mailing Address
C/O DR. J. TOM SOFGE, JR. 1140 MCDONALD STREET LAKELAND FL 33801	C/O DR. J. TOM SOFGE, JR. 1140 MCDONALD STREET LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1986
3a. Date of Last Report: 02/02/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

HANKINS, JAMES H.
1140 MCDONALD STREET
LAKELAND FL 33801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Dr. James H. Hankins Executive Director — DATE: 02/03/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	PICKETT, WILLIAMS	1.2 NAME		
STREET ADDRESS	731 E. FAIRLAND AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRINGTON, JOHN W	2.2 NAME		
STREET ADDRESS	3755 NORTH A1A	2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	HUGER, JAMES	3.2 NAME		
STREET ADDRESS	933 SYCAMORE STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32014	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Chair of Board of Pensions	☒ Change ☐ Addition
NAME	ROBERT, FINCH	4.2 NAME	Weinberg, Nancy	
STREET ADDRESS	342 N. SWINTON AVE.	4.3 STREET ADDRESS	409 Fourth Place	
CITY-ST-ZIP	DELRAY BEACH FL 33441	4.4 CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	D	5.1 TITLE	Vice-Chair Bd. of Pensions	☐ Change ☒ Addition
NAME	WEINBERG, NANCY	5.2 NAME	Mitchell, James	
STREET ADDRESS	409 FOURTH PLACE	5.3 STREET ADDRESS	3114 Okeechobee Road	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	5.4 CITY-ST-ZIP	Ft. Pierce FL 34947-4619	
TITLE	MD	6.1 TITLE		☐ Change ☐ Addition
NAME	HANKINS, JAMES H.	6.2 NAME		
STREET ADDRESS	1140- MCDONALD ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James H. Hankins — 02/03/95 — (813) 688-5563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dr. James H. Hankins

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