

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N15434 (6)**

1. Corporation Name  
**TRUSTEES OF THE PREACHERS' RELIEF FUND OF THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH.**



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

Mailing Address  
**C/O DR. J. TOM SOFGE, JR.  
1140 MCDONALD STREET  
LAKELAND FL 33801**

3. Date Incorporated or Qualified  
**06/17/1986**

3a. Date of Last Report  
**02/08/1995**

4. FEI Number  
**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**

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**

**10. Name and Address of New Registered Agent**

**HANKINS, JAMES H.  
1140 MCDONALD STREET  
LAKELAND FL 33801**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 James H. Hankins/mk James H. Hankins/mk **2/16/96**  
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 NAME STREET ADDRESS CITY-ST-ZIP

DC PICKETT, WILLIAMS 731 E. FAIRLAND AVE. ORLANDO FL 32809  DELETE

DS HARRINGTON, JOHN W 3755 NORTH A1A VERO BCH FL  DELETE

VD HUGER, JAMES 933 SYCAMORE STREET DAYTONA BEACH FL 32014  DELETE

CB WEINBERG, NANCY 409 FOURTH PLACE MERRITT ISLAND FL  DELETE

D WEINBERG, NANCY 409 FOURTH PLACE MERRITT ISLAND FL 32953  DELETE

MD HANKINS, JAMES H. 1140- MCDONALD ST LAKELAND FL 33801  DELETE

**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 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)(k), 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/mk James H. Hankins/mk **2/16/96** (941) 688-5563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)