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May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

C/O David A. Dodge
C/O DR. J. TOM SOFOE JR.
1140 MCDONALD STREET
LAKELAND FL 33801

Mailing Address

C/O David A. Dodge
C/O DR. J. TOM SOFOE JR.
1140 MCDONALD STREET
LAKELAND FL 33801-56413. Date Incorporated or Qualified
06/17/19863a. Date of Last Report
02/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

David A. Dodge
~~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 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

David A. Dodge

4/28/97

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 DC
NAME PICKETT, WILLIAMS
STREET ADDRESS 731 E. FAIRLAND AVE.
CITY-ST-ZIP ORLANDO FL 32809☐ DELETETITLE DS
NAME HARRINGTON, JOHN W
STREET ADDRESS P.O. BOX 23236 NA
CITY-ST-ZIP JACKSONVILLE FL☒ DELETETITLE VD
NAME HUGER, JAMES
STREET ADDRESS 933 SYCAMORE STREET
CITY-ST-ZIP DAYTONA BEACH FL 32014☒ DELETETITLE CB
NAME WEINBERG, NANCY
STREET ADDRESS 409 FOURTH PLACE
CITY-ST-ZIP MERRITT ISLAND FL☒ DELETETITLE D
NAME WEINBERG, NANCY
STREET ADDRESS 409 FOURTH PLACE
CITY-ST-ZIP MERRITT ISLAND FL 32953☒ DELETETITLE MD
NAME ~~HANKINS, JAMES H.~~
STREET ADDRESS 1140- MCDONALD ST
CITY-ST-ZIP LAKELAND FL 33801☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE DS
2.2 NAME Fendon Lee
2.3 STREET ADDRESS 50 Willow Drive
2.4 CITY-ST-ZIP Orlando, FL 32807☒ Change ☐ Addition3.1 TITLE VD
3.2 NAME Patricia Daniels
3.3 STREET ADDRESS 2039 E. Druid Road
3.4 CITY-ST-ZIP Clearwater, FL 34624☒ Change ☐ Addition4.1 TITLE CB
4.2 NAME Mitchell James A.
4.3 STREET ADDRESS 5995 9th St., S.
4.4 CITY-ST-ZIP St. Petersburg, FL 33705☒ Change ☐ Addition5.1 TITLE D
5.2 NAME Mitchell James A.
5.3 STREET ADDRESS 5995 9th St., S.
5.4 CITY-ST-ZIP St. Petersburg, FL 33705☒ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE:

David A. Dodge

4/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052420

CR2E037 (9/96)