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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

Mailing Address

**C/O DAVID A. DODGE  
1140 McDONALD STREET  
LAKELAND FL 33801  
US**

**C/O DAVID A. DODGE  
1140 McDONALD STREET  
LAKELAND FL 33801  
US**

3. Date Incorporated or Qualified

**06/17/1986**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DODGE, DAVID A  
1140 McDONALD STREET  
LAKELAND FL 33801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DC  
PICKETT, WILLIAM  
731 E. FAIRLANE AVE.  
ORLANDO FL 32809**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**no son Pickett  
Fairlane**

☒ Change

☐ Addition

TITLE

**DS  
FERDON, LEE  
50 WILLOW DRIVE  
ORLANDO FL**

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

**VD  
DANIELS, PATRICIA  
2039 E. DRUID RD  
CLEARWATER FL**

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

**CB  
MITCHELL, JAMES A  
3005 9TH ST. S.  
ST. PETERSBURG FL**

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**James A. Mitchell  
306 W Wisconsin  
Deland, FL 32720**

☒ Change

☐ Addition

TITLE

**D  
MITCHELL, JAMES A  
3005 9TH ST. S.  
ST. PETERSBURG FL**

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**James A Mitchell  
306 W. Wisconsin  
Deland, FL 32720**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. 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 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 A. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James A. Mitchell**

**4/23/98**

**904-734-4425**

Date

Daytime Phone # 0084477

CR2E037 (10/97)