

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15434

1. Entity Name

TRUSTEES OF THE PREACHERS' RELIEF FUND OF THE FL

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90124 009 ****61.25

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 33801-5641 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DODGE, DAVID A
 1140 MCDONALD STREET
 LAKELAND FL 33801

7. Name and Address of New Registered Agent

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 *David A. Dodge*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
 DATE 1/30/00

**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

TITLE	DC	<input type="checkbox"/> Delete
NAME	PICKETT, WILLIAM	
STREET ADDRESS	731 E FAIRLANE AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FERDON, LEE	
STREET ADDRESS	50 WILLOW DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POU, MAIDA	
STREET ADDRESS	1003 PINEDALE DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	CBD	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES A	
STREET ADDRESS	306 W WISCONSIN	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE: *Reginald M. ...*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/20/00 850-973-6295
 DATE Daytime Phone #

CR2E037 (9/99)