

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90926 024 \*\*\*\*61.25

DOCUMENT # N15434

1. Entity Name

TRUSTEES OF THE PREACHERS' RELIEF FUND OF THE FL

Principal Place of Business

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

Mailing Address

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

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODGE, DAVID A  
1140 MCDONALD STREET  
LAKELAND FL 33801

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/09/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☒ Delete  
NAME PICKETT, WILLIAM  
STREET ADDRESS 731 E FAIRLANE AVE  
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~DS~~ DC ☐ Delete  
NAME FERDON, LEE  
STREET ADDRESS 50 WILLOW DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE Lee Ferdon DC ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 294  
CITY-ST-ZIP Madison, FL 32340

TITLE VD ☒ Delete  
NAME ~~POU, MAIDA~~  
STREET ADDRESS 1003 PINEDALE DRIVE  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE Jeanne Davis DS ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 155 Bay Rd.  
CITY-ST-ZIP Ft. Myers Beach, FL 33931

TITLE CBD ☒ Delete  
NAME MITCHELL, JAMES A  
STREET ADDRESS 306 W WISCONSIN  
CITY-ST-ZIP DELAND FL 32720

TITLE CBD ☒ Change ☐ Addition  
NAME Rod McClarnon  
STREET ADDRESS 206 S Hopkins Avenue  
CITY-ST-ZIP Titusville, FL 32796

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: *David A. Dodge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

863 688-5563 X34

Daytime Phone #

CR2E037 (10/00)