

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90243 025 ****61.25

DOCUMENT # N15434

1. Entity Name

**TRUSTEES OF THE PREACHERS' RELIEF FUND OF THE
FLORIDA CONFERENCE OF THE UNITED METHODIST**



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

NO-T 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **FERDON, LEE**
STREET ADDRESS **P.O BOX 294**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **DS** ☒ Delete
NAME **DAVIS, JEANNE**
STREET ADDRESS **155 BAY RD.**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **CBD** ☐ Delete
NAME **MCCLARNON, ROD**
STREET ADDRESS **206 HOPKINS AVENUE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **Morris, Paul** ☐ Delete **Director**
NAME **513 Kensington St,** **addition**
STREET ADDRESS **Lakeland, FL 33803**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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* **David A. Dodge**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 **(803) 688-5563 x134**
Date Daytime Phone #