



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-23-2005 90064 050 ****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		00000100	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E037 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent DODGE, DAVID A 1140 MCDONALD STREET LAKELAND FL 33801				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	Riddle, Barbara Williams	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERDON, LEE		NAME	4250 Lakeside Dr. #214	
STREET ADDRESS	P.O BOX 294		STREET ADDRESS	Jacksonville, FL 32210	
CITY-ST-ZIP	MADISON FL 32340		CITY-ST-ZIP		
TITLE	CBD	<input checked="" type="checkbox"/> Delete	TITLE	Baker, Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLARNON, ROD		NAME	101 W. Dakin St.	
STREET ADDRESS	206 HOPKINS AVENUE		STREET ADDRESS	Kissimmee, FL 34741	
CITY-ST-ZIP	TITUSVILLE FL 32796		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, PAUL		NAME		
STREET ADDRESS	513 KENSINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dodge, David A.		NAME		
STREET ADDRESS	1140 E. McDonald St.		STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>David A. Dodge</i>			DATE: 2/7/05 (863) 688-5563 x134		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		