

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15434

FILED
Apr 21, 2006
Secretary of State

Entity Name: TRUSTEES OF THE PREACHERS' RELIEF FUND OF THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DODGE, DAVID A
1140 MCDONALD STREET
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: RIDDLE-WILLIAMS, BARBARA
Address: 4250 LAKESIDE DR, # 214
City-St-Zip: JACKSONVILLE, FL 32210

Title: CBD () Delete
Name: BAKER, SCOTT
Address: 101 W DAKIN ST
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: MORRIS, PAUL
Address: 513 KENSINGTON ST.
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: DODGE, DAVID A
Address: 1140 E MCDONALD ST
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DODGE

D

04/21/2006

Electronic Signature of Signing Officer or Director

Date