


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90408 021 \*\*\*\*61.25

**DOCUMENT # N15434**

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



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
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**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

DODGE, DAVID A  
1140 MCDONALD STREET  
LAKELAND, FL 33801

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RIDDLE-WILLIAMS, BARBARA 4250 LAKESIDE DR, # 214 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD BAKER, SCOTT 101 W DAKIN ST KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, PAUL 513 KENSINGTON ST. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, DAVID A 1140 E MCDONALD ST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  4/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #