2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N15434

1. Entity Name

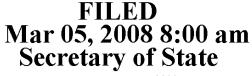
TRUSTEES OF THE PREACHERS' RELIEF FUND OF THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH



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 &



03-05-2008 90030 023 ****61.25

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02142008 No Chg-NP

CR2E037 (4/06)

4.	FEI Number
	NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Daytime Phone #

6.	Name	and	Address	of	Current	Registered	Agent

DODGE, DAVID A 1140 MCDONALD STREET LAKELAND, FL 33801

SIGNATURE:

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8. The above named eping 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 upon a printed name of registered agent and the trappicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finane Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRE	CTORS	The state of the s	F. 1994. 1984.	W. W. C.	4. F. 19.	and the same	では得じ		
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							The second of th		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, PAUL 513 KENSINGTON ST. LAKELAND, FL 33803			DO	NOT,	WRIT	E			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, DAVID A 1140 E MCDONALD ST LAKELAND, FL 33801			IN	THIS	SPAC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
12. I hereby certify that the information supplied with this filling 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 an other like empowered.										

NG OFFICER OR DIRECTOR