

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000012057

Entity Name: PANAMA CITY FLORIDA HURRICANE DISASTER RELIEF FUND,INC.**Current Principal Place of Business:**501 HARRISON AVE.
PANAMA CITY, FL 32401**Current Mailing Address:**501 HARRISON AVE.
PANAMA CITY, FL 32401 US**FEI Number: 83-2726764****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MASTERS, JOY M
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US*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

Officer/Director Detail :

Title D
Name BRUDNICKI, GREG MAYOR
Address 501 HARRISON AVENUE
City-State-Zip: PANAMA CITY FL 32401

Title D
Name FLINT-HALIGAS, JENNA COMMISSIONER
Address 501 HARRISON AVE.
City-State-Zip: PANAMA CITY FL 32401

Title D
Name STREET, JOSH COMMISSIONER
Address 501 HARRISON AVE.
City-State-Zip: PANAMA CITY FL 32401

Title D
Name RADER, BILLY COMMISSIONER
Address 501 HARRISON AVE.
City-State-Zip: PANAMA CITY FL 32401

Title D
Name BROWN, KENNETH COMMISSIONER
Address 501 HARRISON AVE.
City-State-Zip: PANAMA CITY FL 32401

Title P
Name MCQUEEN, MARK THOMAS
Address 501 HARRISON AVENUE
City-State-Zip: PANAMA CITY FL 32401

Title SECRETARY/TREASURER
Name SMITH, JAN
Address 501 HARRISON AVE.
City-State-Zip: PANAMA CITY FL 32401

I hereby 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 all other like empowered.

SIGNATURE: GREG BRUDNICKI**DIRECTOR****04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date