

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725407 (1)

1. Corporation Name

THE PANAMA CITY RESCUE MISSION, INC

Principal Place of Business

609 ALLEN AVENUE
POST OFFICE BOX 2359
PANAMA CITY FL 32402

Mailing Address

609 ALLEN AVENUE
POST OFFICE BOX 2359
PANAMA CITY FL 32402



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1973		3a. Date of Last Report 02/22/1995	
21		26		4. FEI Number 59-1580961		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

BRYAN, TILMAN J. JR.
3321 "A" ST.
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	IVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIXON, ALFRED T.	1.2 NAME	Langford, Clarence E.
STREET ADDRESS	2423 WAKULLA AVE.	1.3 STREET ADDRESS	223 Lannie Rowe Dr.
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL 32404
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	2VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLONE, JAMES C., JR.	2.2 NAME	Korman, William M.
STREET ADDRESS	4740 BAYWOOD DR.	2.3 STREET ADDRESS	1103 Wisconsin Ave.
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JOSEPH T.	3.2 NAME	
STREET ADDRESS	244 HUGH THOMAS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, L.T., JR.	4.2 NAME	
STREET ADDRESS	2918 BRADENTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, J. RICHARD SR.	5.2 NAME	
STREET ADDRESS	1428 LAKE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	32401
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, JAMES B.	6.2 NAME	
STREET ADDRESS	3019 DOUGLAS RD. LOT 2	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	32405

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James B. Spears
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Director 04/22/96 (904) 769-0783
Date Daytime Phone

CR2E037 (12/95)