

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

3. Date Incorporated or Qualified 01/29/1973	3a. Date of Last Report 04/25/1996
4. FEI Number 59-1580961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85. Zip Code

FL

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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, ALFRED T.	1.2 NAME	
STREET ADDRESS	2423 WAKULLA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNMAN, WILLIAM M	2.2 NAME	
STREET ADDRESS	1103 WISCONSIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, J. RICHARD SR.	3.2 NAME	
STREET ADDRESS	1428 LAKE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, JAMES B.	4.2 NAME	Spears, James B.
STREET ADDRESS	3019 DOUGLAS RD. LOT 2	4.3 STREET ADDRESS	3019 Douglas Rd. Lot 2
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	Panama City, Fl
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PD
STREET ADDRESS		5.3 STREET ADDRESS	Langford, Clarence E
CITY-ST-ZIP		5.4 CITY-ST-ZIP	223 Lannie Rowe Dr.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Panama City, FL
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ SIGNATURE REQUIRED
 8-14-97 (850) 785-367

CR2E037 (4/97)