

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90293 012 \*\*\*\*70.00

DOCUMENT # 725407

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/29/1973

4. FEI Number

59-1580961

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

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

TITLE ☐ DELETE

NAME TD  
MIXON, ALFRED T.  
STREET ADDRESS 2423 WAKULLA AVE.  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ DELETE

NAME VD  
KORNMAN, WILLIAM M  
STREET ADDRESS 1103 WISCONSIN AVE  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ DELETE

NAME SD  
POST, J. RICHARD SR.  
STREET ADDRESS 1428 LAKE AVE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ DELETE

NAME D  
SPEARS, JAMES B.  
STREET ADDRESS 3019 DOUGLAS RD LOT 2  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ DELETE

NAME D  
LANGFORD, CLARENCE E  
STREET ADDRESS 223 LANNIE ROWE DR.  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ DELETE

NAME D  
James C. Stone, Jr  
STREET ADDRESS 4740 Baywood Dr  
CITY-ST-ZIP LYNN HAVEN, FL 32444

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D  
Robert W. Hale  
1.3 STREET ADDRESS 7331 Copenhagen Dr.  
1.4 CITY-ST-ZIP Panama City, FL 32404

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D  
Nellis F. Johnson  
2.3 STREET ADDRESS 111 N. Cove Blvd  
2.4 CITY-ST-ZIP Panama City, FL 32401

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D  
John R. Price Sr.  
3.3 STREET ADDRESS 913 N. Star Ave.  
3.4 CITY-ST-ZIP Panama City, FL 32404

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D  
Joseph T. Price  
4.3 STREET ADDRESS 244 Hugh Thomas Dr.  
4.4 CITY-ST-ZIP Panama City, FL 32404

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D  
Luther T. Austin Jr  
5.3 STREET ADDRESS 2918 Bradenton Ave.  
5.4 CITY-ST-ZIP Panama City, FL 32405

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME D  
Tilman J. Bryan  
6.3 STREET ADDRESS 3321 A St.  
6.4 CITY-ST-ZIP Panama City, FL 32404

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres./Dir. 2/11/99

Date

850-769-0783

850-265-9336

Daytime Phone #

CR2E037 (11/98)

000134