

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 24, 2000 8:00 am  
Secretary of State

08-24-2000 90028 049 \*\*\*\*70.00

DOCUMENT # 725407

1. Entity Name

THE PANAMA CITY RESCUE MISSION, INC

R

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

A0074460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1580961

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TO  
MIXON, ALFRED T.  
2423 WAKULLA AVE.  
PANAMA CITY FL 32405 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2 VP D  
Haley, Robert W.  
7331 Copenhagen Dr.  
Panama City, FL 32404 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S D  
Kornman, William M.  
1103 Wisconsin Ave.  
Lynn Haven, FL ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1 VP D  
Price, John R.  
913 N. star Ave.  
Panama City, FL 32404 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SLONE, JAMES C JR  
4740 BAYWOOD DR  
LYNN HAVEN FL 32444 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Slone, James C. Jr.  
4740 Baywood Dr.  
Lynn Haven, FL 32444 ☒ Change ☐ Addition

12. 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 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 all other like empowered.

SIGNATURE:

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

James C. Slone, Jr. P D

Date

8/22/2000

Daytime Phone #

(850) 769-0783

CR2E037 (5/00)