

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90002 033 \*\*\*\*61.25

0002107

**DOCUMENT # 725407**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1580961**

Applied For  
 Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, 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 **TD** ☐ Delete  
 NAME **MIXON, ALFRED T.**  
 STREET ADDRESS **2423 WAKULLA AVE.**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE **2VPD** ☒ Delete  
 NAME **HELEY, ROBERT W**  
 STREET ADDRESS **7331 COPENHAGEN DR**  
 CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **2VPD** ☒ Change ☒ Addition  
 NAME **Bryan, Tilman J. Jr.**  
 STREET ADDRESS **3321 "A" St.**  
 CITY-ST-ZIP **Panama City, FL 32405**

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

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

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

TITLE **1VPD** ☒ Change ☐ Addition  
 NAME **Spears, James B**  
 STREET ADDRESS **3019 Douglas Rd Lot 2**  
 CITY-ST-ZIP **Panama City, FL 32404**

TITLE **1VPD** ☐ Delete  
 NAME **PRICE, JOHN R**  
 STREET ADDRESS **913 N STAR AVE**  
 CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Price, John R**  
 STREET ADDRESS **913 N Star Av.**  
 CITY-ST-ZIP **Panama City, FL 32404**

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

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

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: **1. SIGNATURE REQUIRED**

**7/16/01 850 769-0783**

CR2E037 (5/01)