

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 725407

FILED
Jan 17, 2002 8:00 AM
Secretary of State

Entity Name: THE PANAMA CITY RESCUE MISSION, INC

Current Principal Place of Business:

609 ALLEN AVENUE
POST OFFICE BOX 2359
PANAMA CITY, FL 32402

New Principal Place of Business:

Current Mailing Address:

609 ALLEN AVENUE
POST OFFICE BOX 2359
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-1580961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRYAN, TILMAN J. JR.
3321
PANAMA CITY, FL 32404 US

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: CLANCY LANGFORD

01/17/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MIXON, ALFRED T.,
Address: 2423 WAKULLA AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: 2VPD () Delete
Name: TILMAN, BRYAN J JR
Address: 3321
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: KORNMAN, WILLIAM
Address: 1103 WISCONSIN AVE
City-St-Zip: LYNN HAVEN, FL

Title: 1VPD () Delete
Name: SPEARS, JAMES B.
Address: 3019 DOUGLAS RD LOT 2
City-St-Zip: PANAMA CITY, FL 32404

Title: PD () Delete
Name: PRICE, JOHN R
Address: 913 N STAR AVE
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: SLONE, JAMES C JR
Address: 4740 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLANCY LANGFORD

PD

01/17/2002

Electronic Signature of Signing Officer or Director

Date