2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# 725407

Entity Name: THE PANAMA CITY RESCUE MISSION, INC

Current Principal Place of Business:

609 ALLEN AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

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:

MARTIN, MICHAEL A
2922 D HARRISON AVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T/S ( ) Delete
Name: SOWELL, DAN
Address: 2323 MOUND AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: P ( ) Delete
Name: HAZARD, HENRY REV
Address: 3380 STATE AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VP ( ) Delete
Name: DYE, RICK
Address: 1830 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

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

Title: BM ( ) Delete
Name: KORNMAN, BILL
Address: 1103 WISCONSIN AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: BM ( ) 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 Chapter 119, 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: DAN SOWELL T/S 01/06/2006
Electronic Signature of Signing Officer or Director — Date