

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725407

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**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:**

FOX, BILLY E  
176 CLARA AVE.  
PANAMA CITY BEACH, FL 32407 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: S  
Name: SLONE, JAMES  
Address: 4740 BAYWOOD DR.  
City-St-Zip: PANAMA CITY, FL 32444

Title: PRES  
Name: HAZARD, HENRY REV  
Address: 3380 STATE AVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: 2VP  
Name: BESHEARE, MICHELLE  
Address: 811 LOUISIANA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: 1VP  
Name: BROCK, DOUG  
Address: 12622 HWY 77  
City-St-Zip: SOUTHPORT, FL 32409

Title: TREA  
Name: PITTS, DON  
Address: 2100 CORAL DR.  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: HENERY HAZZARD

PRES

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date