

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45887 (9)

1. Corporation Name

FLORIDA PANHANDLE BAPTIST DISASTER RELIEF, INC.

Principal Place of Business

**4540 LAFAYETTE, SUITE E
MARIANNA FL 32446**

Mailing Address

**PO BOX 669
MARIANNA FL 32447-0669**



3. Date Incorporated or Qualified

11/04/1991

3a. Date of Last Report

12/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPANGENBERG, TED S.
TED SPANGENBERG CIR
RURAL ROUTE 7 BOX 268
CHIPLEY FL 32428**

81 Name

ELLIS, GORDON M

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

4540 LAFAYETTE, SUITE E

83

84 City

MARIANNA

FL

85 Zip Code
32446

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Gordon M. Ellis

Gordon M. Ellis, President

2-16-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FOX, RAY W	
STREET ADDRESS	P.O. BOX 247 HWY 81 N.	
CITY-ST-ZIP	PONCE DE LEON, FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLIS, GORDON M	
STREET ADDRESS	616 MAPLE STREET	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPANGENBERG, TED S	
STREET ADDRESS	TED SPANGENBERG CIR	
CITY-ST-ZIP	CHIPLEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	816 MAPLE STREET
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gordon M. Ellis

Gordon M. Ellis, President

2-16-96

(904) 526-1496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)