

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Piorham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/04/1991	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3093555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ELLIS, GORDON M. 4540 LAFAYETTE, STE E MARIANNA FL 32446
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10. Name and Address of New Registered Agent 81 Name Rodney W Wright 82 Street Address (P.O. Box Number is Not Acceptable) 2745 Seminole Dr. 83 84 City Marianna FL 85 Zip Code 32446
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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 X Rodney W Wright DATE 1-26-97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CD FOX, RAY W
STREET ADDRESS	P.O. BOX 247 HWY 81 N.
CITY-ST-ZIP	PONCE DE LEON, FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD ELLIS, GORDON M
STREET ADDRESS	818 MAPLE ST
CITY-ST-ZIP	CHIPLEY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ken Hart
2.3 STREET ADDRESS	Marianna FL
2.4 CITY-ST-ZIP	5320 Woodgate Way 32446
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bill Sims
3.3 STREET ADDRESS	292 Boy Scout Rd. Defuniok Springs FL
3.4 CITY-ST-ZIP	32433
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TR. Charles J. Burgess
4.3 STREET ADDRESS	Marianna FL
4.4 CITY-ST-ZIP	4944 Old Spanish Trail 32446
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secy Rodney W Wright
5.3 STREET ADDRESS	Marianna FL
5.4 CITY-ST-ZIP	2745 Seminole Dr. 32446
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002079389
6.3 STREET ADDRESS	-02/05/97--01138--010
6.4 CITY-ST-ZIP	***61.25

14. I do 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 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: Rodney W Wright Rodney W Wright 1-9-97

CR2E037 (9/96)