

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Fiortham</b> 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 <b>4540 LAFAYETTE, SUITE E MARIANNA FL 32446</b>	Mailing Address <b>PO BOX 669 MARIANNA FL 32447-0669</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/04/1991</b>	3a. Date of Last Report <b>02/21/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3093555</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. 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**

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. 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 *Rodney W Wright* DATE **1-26-97**

12. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> DELETE
NAME	ELLIS, GORDON M	
STREET ADDRESS	818 MAPLE ST	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	VD	<input checked="" 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		

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	PO	<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	VD	<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	TR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles J. Burgess	
4.3 STREET ADDRESS	Marianna FL	
4.4 CITY-ST-ZIP	4944 Old Spanish Trail 32448	
5.1 TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rodney W Wright	
5.3 STREET ADDRESS	Marianna FL	
5.4 CITY-ST-ZIP	2745 Seminole Dr. 32446	
6.1 TITLE	900002079389	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-02/05/97--01138--010	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

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)