


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		Mailing Address	
5220 WOODGATE WAY MARIANNA FL 32446		P.O. BOX 874 MARIANNA FL 32447	
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

3. Date Incorporated or Qualified
11/04/1991

4. FEI Number
59-3093555

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

WRIGHT, RODNEY W
2745 SEMINOLE DR
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name **Helen Rutherford**

82 Street Address (P.O. Box Number Is Not Acceptable)
5149 MENAWA TRAIL

83 **MARIANNA, FL. 32446**

84 City **FL** 85 Zip Code

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 **Helen Rutherford** *Helen Rutherford* DATE **1/9/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	HIRT, KEN	
STREET ADDRESS	5220 WOODGATE WAY	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIMS, BILL	
STREET ADDRESS	292 BOY SCOUT RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURGESS, CHARLES J	
STREET ADDRESS	4944 OLD SPANISH TRAIL	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, RODNEY W	
STREET ADDRESS	2745 SEMINOLE DR.	
CITY-ST-ZIP	MARIANNA FL 32446	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SECRETARY Helen Rutherford
5.3 STREET ADDRESS	5149 MENAWA TRAIL
5.4 CITY-ST-ZIP	MARIANNA, FL. 32446
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Helen Rutherford** *Helen Rutherford* DATE **1/9/98** **850 - 482-8957**

CR2E037 (10/97)