


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90030 017 ****61.25

0010671

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N45887

1. Corporation Name

FLORIDA PANHANDLE BAPTIST DISASTER RELIEF, INC.

Principal Place of Business
5220 WOODGATE WAY
MARIANNA FL 32446

Mailing Address
P.O. BOX 874
MARIANNA FL 32447



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		3. Date Incorporated or Qualified 11/04/1991	
4. FEI Number 59-3093555		Applied For 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					
9. Name and Address of Current Registered Agent RUTHERFORD, HELEN 5149 MENAWA TRAIL MARIANNA FL 32446			10. Name and Address of New Registered Agent 81 Name Stephens, Jane 82 Street Address (P.O. Box Number is Not Acceptable) 6226 Biscayne Rd 83 Bascom FL 84 City FL 85 Zip Code 32423		
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 <i>Jane Stephens</i> DATE 2-4-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE CD NAME FOX, RAY W STREET ADDRESS P.O. BOX 247 HWY 81 N. CITY-ST-ZIP PONCE DE LEON, FL <input checked="" type="checkbox"/> DELETE			1.1 TITLE CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Spears, James 1.3 STREET ADDRESS 3019 Douglas Rd #2 1.4 CITY-ST-ZIP Panama City, FL 32405		
TITLE PD NAME HIRT, KEN STREET ADDRESS 5220 WOODGATE WAY CITY-ST-ZIP MARIANNA FL 32446 <input type="checkbox"/> DELETE			2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Hart, Ken 2.3 STREET ADDRESS 5220 Woodgate Way 2.4 CITY-ST-ZIP Marianna, FL 32446		
TITLE VD NAME SIMS, BILL STREET ADDRESS 292 BOY SCOUT RD CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> DELETE			3.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Melvin, Kenneth 3.3 STREET ADDRESS 4424 Davis St. 3.4 CITY-ST-ZIP Marianna, FL 32446		
TITLE T NAME BURGESS, CHARLES J STREET ADDRESS 4944 OLD SPANISH TRAIL CITY-ST-ZIP MARIANNA FL 32448 <input checked="" type="checkbox"/> DELETE			4.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Burgess, Martha C. 4.3 STREET ADDRESS 4944 Old Spanish Trail 4.4 CITY-ST-ZIP Marianna, FL 32448		
TITLE S NAME RUTHERFORD, HELEN STREET ADDRESS 5149 MENAWA TRAIL CITY-ST-ZIP MARIANNA FL 32446 <input checked="" type="checkbox"/> DELETE			5.1 TITLE Secretary 5.2 NAME Stephens, Jane 5.3 STREET ADDRESS 6226 Biscayne Rd 5.4 CITY-ST-ZIP Bascom, FL 32423		
TITLE <input type="checkbox"/> DELETE			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, with all other like empowered.

SIGNATURE:

Jane Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99

Date

850-561-5260
Daytime Phone # ext. 121

CR2E037 (11/98)