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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/04/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3093555
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 <u>Stephens, Jane</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>6226 Biscayne Rd</u> 83 <u>Bascom FL</u> 84 City <u>Bascom</u> <u>FL</u> 85 Zip Code <u>32423</u>
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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 Jane Stephens 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	1.1 TITLE CD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS P.O. BOX 247 HWY 81 N.	CITY-ST-ZIP PONCE DE LEON, FL	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	2.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 5220 WOODGATE WAY	CITY-ST-ZIP MARIANNA FL 32446	2.2 NAME Hart, Ken	2.3 STREET ADDRESS 5220 Woodgateway
		2.4 CITY-ST-ZIP Marianna, FL 32446	
TITLE VD	NAME SIMS, BILL	3.1 TITLE VD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 292 BOY SCOUT RD	CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433	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	4.1 TITLE T	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 4944 OLD SPANISH TRAIL	CITY-ST-ZIP MARIANNA FL 32448	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	5.1 TITLE Secretary	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 5149 MENAWA TRAIL	CITY-ST-ZIP MARIANNA FL 32446	5.2 NAME Stephens, Jane	5.3 STREET ADDRESS 6226 Biscayne Rd
		5.4 CITY-ST-ZIP Bascom, FL 32423	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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 DATE: 2-4-99 DAYTIME PHONE #: 850-561-5260 ext. 121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)