


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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

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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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, RAY W	1.2 NAME	Spears, James
STREET ADDRESS	P.O. BOX 247 HWY 81 N.	1.3 STREET ADDRESS	3019 Douglas Rd #2
CITY-ST-ZIP	PONCE DE LEON, FL	1.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRT, KEN	2.2 NAME	Hart, Ken
STREET ADDRESS	5220 WOODGATE WAY	2.3 STREET ADDRESS	5220 Woodgateway
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, BILL	3.2 NAME	Melvin, Kenneth
STREET ADDRESS	292 BOY SCOUT RD	3.3 STREET ADDRESS	4424 Davis St.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	3.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, CHARLES J	4.2 NAME	Burgess, Martha C.
STREET ADDRESS	4944 OLD SPANISH TRAIL	4.3 STREET ADDRESS	4944 Old Spanish Trail
CITY-ST-ZIP	MARIANNA FL 32448	4.4 CITY-ST-ZIP	Marianna, FL 32448
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTHERFORD, HELEN	5.2 NAME	Stephens, Jane
STREET ADDRESS	5149 MENAWA TRAIL	5.3 STREET ADDRESS	6226 Biscayne Rd
CITY-ST-ZIP	MARIANNA FL 32446	5.4 CITY-ST-ZIP	Bascom, FL 32423
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED** DATE 2-4-99 DAYTIME PHONE # 850-561-5260 ext. 121

CR2E037 (11/98)