

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90089 046 ****61.25

DOCUMENT # N48575

1. Entity Name

BLACKWATER HOUSING CORPORATION



Principal Place of Business

**110 PERRY AVE SE
FT WALTON BEACH, FL 32548 US**

Mailing Address

**PO BOX 4309
FORT WALTON BEACH, FL 32459 US**

50005409



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3221444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENT, MICHAEL G
205 BROOKS STREET
STE 201
FT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ~~DVC~~ **DP**
NAME **PEARCE, BENJAMIN N**
STREET ADDRESS **551 MOONEY RD**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **DS**
NAME **WRIGHT, LAURA B**
STREET ADDRESS **110 PERRY AVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D**
NAME **SONNARBURG, P**
STREET ADDRESS **1170 MARTIN LUTHER KING BV BG 7**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **D**
NAME ~~MAPOLES, BYRD~~ **ROBERT COLE**
STREET ADDRESS **200 WILLING ST**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **DVC**
NAME **WILCOX, CYNTHIA**
STREET ADDRESS **110 PERRY AVE SE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura B Wright
January 14, 2005

Date

Daytime Phone #

(850) 244-2116