

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90077 042 ****61.25

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01082007 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000009089					
1. Entity Name PENSACOLA CORDOVA ROTARY CLUB, INC.					
Principal Place of Business P.O. BOX 17694 PENSACOLA, FL 32522			Mailing Address P.O. BOX 17694 PENSACOLA, FL 32522		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1031530	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOWARD, BERNICE P.O. BOX 17694 PENSACOLA, FL 32522			Name <u>Steve Stevens</u> Street Address (P.O. Box Number is Not Acceptable) <u>241 Munro Rd</u> City <u>Pensacola</u> FL <u>32503</u>		
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 <u>Bernice Howard</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-18-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMMERSON, RALPH W III 5635 LEESWAY BLVD PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <u>Allen Litvak</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>3740 Barnwell Cr</u> <u>Pensacola FL 32503</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWARD, BERNICE P.O. BOX 17694 PENSACOLA, FL 32522 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Charles Bockwith</u> <u>1701 E. LARA ST.</u> <u>PENSACOLA, FL 32501</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVENS, STEVE 241 MUNRO ROAD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Bernice Howard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/18/07</u> <small>Daytime Phone #</small>		