




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90028 026 \*\*\*\*61.25

<b>DOCUMENT # N02000009089</b> 1. Entity Name <b>PENSACOLA CORDOVA ROTARY CLUB, INC.</b>					
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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold;">40038660</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>02192008</span> <span>Chg-NP</span> <span>CR2E037 (12/06)</span> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>33-1031530</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24pt; font-weight: bold;">40038660</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>02192008</span> <span>Chg-NP</span> <span>CR2E037 (12/06)</span> </div>	
6. Name and Address of Current Registered Agent <b>STEVENS, STEVE</b> <b>241 MUNRO RD</b> <b>PENSACOLA, FL 32503</b>					
7. Name and Address of New Registered Agent Name <b>Charles Bockwith</b> Street Address (P.O. Box Number is Not Acceptable) <b>1701 E. LARUA ST</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32501</b>					
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 <b>Steve Stevens</b> DATE <b>2/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE S NAME LITVAK, ALLEN STREET ADDRESS 3740 BARNWELL CR CITY-STATE-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE Pres NAME Belinda Zepher STREET ADDRESS 2430 Airport Blvd # 225 CITY-STATE-ZIP Pensacola FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T NAME BOCKWITH, CHARLES STREET ADDRESS 1701 EAST LARUA ST CITY-STATE-ZIP PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME STEVENS, STEVE STREET ADDRESS 241 MUNRO ROAD CITY-STATE-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: <b>Steve Stevens</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>2/28/08</b> Daytime Phone # <b>8506024963</b>	