

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90092 024 \*\*\*\*61.25

<b>DOCUMENT # N06000011528</b>			
<b>1. Entity Name</b> COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER, INC.			
<b>Principal Place of Business</b> 25 WEST CEDAR STREET SUITE 500 PENSACOLA, FL 32502		<b>Mailing Address</b> 25 WEST CEDAR STREET SUITE 500 PENSACOLA, FL 32502	
<b>2. Principal Place of Business - No P.O. Box #</b> 1301 W. Government St.		<b>3. Mailing Address</b> 1301 W. Government St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Pensacola, Florida		<b>City &amp; State</b> Pensacola, Florida	
<b>Zip</b> 32501		<b>Zip</b> 32501	
<b>Country</b> U.S.A.		<b>Country</b> U.S.A.	
<b>4. FEI Number</b> 20-4815891		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> LOTT, PATRICIA D 25 WEST CEDAR STREET SUITE 500 PENSACOLA, FL 32502		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<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.</b> SIGNATURE: <u>Patricia D. Lott</u> DATE: <u>5-1-07</u> <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 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> D <b>NAME</b> DUFVA, MARK <b>STREET ADDRESS</b> 11 NORTH "B" STREET <b>CITY-ST-ZIP</b> PENSACOLA, FL 32501	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> NORMAN, JEAN <b>STREET ADDRESS</b> 1301 WEST GOVERNMENT STREET <b>CITY-ST-ZIP</b> PENSACOLA, FL 32501	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> REED, SHEILA <b>STREET ADDRESS</b> POST OFFICE BOX 12710 <b>CITY-ST-ZIP</b> PENSACOLA, FL 32592	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> STRAUGHN, SUE <b>STREET ADDRESS</b> 4990 MOBILE HIGHWAY <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> WILSON, CALVIN <b>STREET ADDRESS</b> ONE ENERGY PLACE <b>CITY-ST-ZIP</b> PENSACOLA, FL 325200714	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>Jan Norman</u> <u>May 1, 2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			