

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N06000011528

1. Entity Name  
COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER,  
INC.



Principal Place of Business  
1301 W. GOVERNMENT ST.  
PENSACOLA, FL 32501

Mailing Address  
1301 W. GOVERNMENT ST.  
PENSACOLA, FL 32501

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40001000

03032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
20-4815891

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOTT, PATRICIA D  
25 WEST CEDAR STREET  
SUITE 500  
PENSACOLA, FL 32502

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

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

Make check payable to:  
Florida Department of State

10. OFFICERS AND DIRECTORS

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

TITLE D  
NAME DUFVA, MARK  
STREET ADDRESS 11 NORTH "B" STREET  
CITY - ST - ZIP PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Dave Cobb  
6085 Quintette Road  
Pace, Florida 32571

TITLE D  
NAME NORMAN, JEAN  
STREET ADDRESS 1301 WEST GOVERNMENT STREET  
CITY - ST - ZIP PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE D  
NAME REED, SHEILA  
STREET ADDRESS POST OFFICE BOX 12710  
CITY - ST - ZIP PENSACOLA, FL 32592

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE D  
NAME STRAUGHN, SUE  
STREET ADDRESS 4990 MOBILE HIGHWAY  
CITY - ST - ZIP PENSACOLA, FL 32506

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE D  
NAME WILSON, CALVIN  
STREET ADDRESS ONE ENERGY PLACE  
CITY - ST - ZIP PENSACOLA, FL 325200714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

Daytime Phone #