

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90121 019 \*\*\*\*70.00

**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**

40001000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Dave Cobb**  
STREET ADDRESS **6085 Quintette Road**  
CITY - ST - ZIP **Pace, Florida 32571**

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

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

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

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

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

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

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

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

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-08**

Date

Daytime Phone #