


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90090 020 \*\*\*\*61.25

8/25/00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005222					
1. Corporation Name PERDIDO HOUSING CORPORATION					
Principal Place of Business 348 MIRACLE STRIP PKY., STE. 13 FT. WALTON BEACH FL 32548			Mailing Address 348 MIRACLE STRIP PKY., STE. 13 FT. WALTON BEACH FL 32548		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1996	
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3411287	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KENT, MICHAEL G 348 MIRACLE STRIP PKY., STE. 13 FT. WALTON BEACH FL 32548				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, CECIL T			1.2 NAME			
STREET ADDRESS	1330 E. SCOTT ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			1.4 CITY-ST-ZIP			
TITLE	<del>AD</del>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	REMOVE AS SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, GILBERT			2.2 NAME			
STREET ADDRESS	211 E. BRENT LN.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			2.4 CITY-ST-ZIP			
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFER, ROBERT A			3.2 NAME			
STREET ADDRESS	2672 TINDA CIR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32526			3.4 CITY-ST-ZIP			
TITLE	KEVIN T. BECK	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	902 E. GARDEN ST			4.2 NAME			
STREET ADDRESS	PENSACOLA, FL 32501			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	DANIEL R. HERVATH	<input type="checkbox"/> DELETE		5.1 TITLE	D/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	302 N. BACCHONA ST			5.2 NAME			
STREET ADDRESS	PENSACOLA, FL 32501			5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	FRAN WYATT-COOK	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	5295 DURANGO PLACE			6.2 NAME			
STREET ADDRESS	PENSACOLA, FL 32504			6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/15/99 850-664-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)