


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90038 038 ****61.25

DOCUMENT # N96000005222 1. Entity Name PERDIDO HOUSING CORPORATION	
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Principal Place of Business 110 PERRY AVE SE FT. WALTON BEACH, FL 32548	Mailing Address <i>PO Box 4309</i> 348 MIRACLE STRIP PKY., STE. 13 FT. WALTON BEACH, FL 32548
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54019563



02042004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3411287	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KENT, MICHAEL G 348 MIRACLE STRIP PKY., STE. 13 <i>205 Brooks St</i> FT. WALTON BEACH, FL 32548 <i>Suite 201</i>
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IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNTER, CECIL T 1330 E. SCOTT ST. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD PEARCE, BENJAMIN N 551 MOONEY RD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WRIGHT, LAURA B 110 PERRY AVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SONNARBORG, PATTI 1170 MARTIN LUTHER KING BLVD BLDG 7 FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILCOX, CYNTHIA 110 PERRY AVE SE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 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]* **MICHAEL G KENT**, *Auth Rep* *2/4/04* *#203* *850-664-6000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #