

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90089 044 ****70.00

DOCUMENT # N96000005222

1. Entity Name
PERDIDO HOUSING CORPORATION



Principal Place of Business
**110 PERRY AVE SE
FT. WALTON BEACH, FL 32548**

Mailing Address
**PO BOX 4309
FT. WALTON BEACH, FL 32548**

DO NOT WRITE IN THIS SPACE



50005413

01042005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3411287

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KENT, MICHAEL G
205 BROOKS ST. STE 201
FT. WALTON BEACH, FL 32548**

**DO NOT WRITE
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ~~RD D~~
NAME ~~HUNTER, CECIL T.~~ **ROBERT COLE**
STREET ADDRESS ~~1090 E. SCOTT ST.~~ **200 WILLING ST**
CITY-ST-ZIP ~~PENSACOLA, FL 32503~~ **MILTON, FL 32570**

TITLE ~~VGB DP~~
NAME **PEARCE, BENJAMIN N**
STREET ADDRESS **551 MOONEY RD**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **DS**
NAME **WRIGHT, LAURA B**
STREET ADDRESS **110 PERRY AVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D**
NAME **SONNARBORG, PATTI**
STREET ADDRESS **1170 MARTIN LUTHER KING BLVD BLDG 7**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **D VC**
NAME **WILCOX, CYNTHIA**
STREET ADDRESS **110 PERRY AVE SE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 14 2005 (850) 244-2116
Date Daytime Phone #