


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

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

03-19-2004 90038 037 ****61.25

DOCUMENT # N97000003515	
1. Entity Name CORDOVA COMMUNITY FACILITIES CORPORATION	

Principal Place of Business 110 PERRY AVE SE FT. WALTON BEACH, FL 32548	Mailing Address 348 MIRACLE STRIP PARKWAY SUITE 13 <i>Pb Box 4309</i> FT. WALTON BEACH, FL 32548
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02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3362279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KENT, MICHAEL G 348 MIRACLE STRIP PKWY <i>205 Brooks Street</i> SUITE 13 <i>201</i> FT. WALTON BEACH, FL 32548
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNTER, CECIL T 1330 E SCOTT STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC PEARCE, BENJAMIN N 551 MOONEY ROAD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WRIGHT, LAURA B 110 PEORY AVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUNARSNEA, 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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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:  *Michael G. Kent, Ann Per* *2/4/04* *850-664-6000* *#203*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #