


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90027 019 ****70.00

DOCUMENT # N97000003515	
1. Entity Name CORDOVA COMMUNITY FACILITIES CORPORATION	

Principal Place of Business 110 PERRY AVE SE FT. WALTON BEACH, FL 32548	Mailing Address 205 BROOKS ST SUITE 201 FORT WALTON BEACH, FL 32548
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60046506



01222008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KENT, MICHAEL G 205 BROOKS ST. SUITE 201 FT. WALTON BEACH, FL 32548		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State 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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, ROBERT			NAME			
STREET ADDRESS	200 WILLING STREET			STREET ADDRESS			
CITY-ST-ZIP	MILTON, FL 32570			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARCE, BENJAMIN N			NAME			
STREET ADDRESS	551 MOONEY ROAD			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, LAURA B			NAME			
STREET ADDRESS	110 PEORY AVE			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLLING, KIM			NAME			
STREET ADDRESS	1170 MARTIN LUTHER KING BLVD BLDG 7			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILCOX, CYNTHIA			NAME			
STREET ADDRESS	110 PERRY AVE SE			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Laura B Wright 1-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #