

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003515

FILED
Mar 27, 2009
Secretary of State

Entity Name: CORDOVA COMMUNITY FACILITIES CORPORATION

Current Principal Place of Business:

110 PERRY AVE SE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

205 BROOKS ST
SUITE 201
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3362279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENT, MICHAEL G
205 BROOKS ST.
SUITE 201
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLE, ROBERT
Address: 200 WILLING STREET
City-St-Zip: MILTON, FL 32570

Title: DP () Delete
Name: PEARCE, BENJAMIN N
Address: 551 MOONEY ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DS () Delete
Name: WRIGHT, LAURA B
Address: 110 PEORY AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DV () Delete
Name: WILCOX, CYNTHIA
Address: 110 PERRY AVE SE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: WRIGHT, LAURA B
Address: 110 PERRY AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA B WRIGHT

DS

03/27/2009

Electronic Signature of Signing Officer or Director

Date