

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711216 (2)

1. Corporation Name  
**DESTIN CHAMBER OF COMMERCE, INC.**



Principal Place of Business: 1021 HWY. 98. EAST, PO BOX 8, DESTIN FL 32541  
Mailing Address: 1021 HWY. 98. EAST, PO BOX 8, DESTIN FL 32541

3. Date Incorporated or Qualified: 07/18/1966  
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country  
25. Zip, Country

4. FEI Number: 59-1145150  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
**RAYMOND C. NAVITSKY  
1021 HWY. 98, EAST  
P.O. BOX 8  
DESTIN FL 32540**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, CARROLL	1.2 NAME	
STREET ADDRESS	1021 HWY. 98, E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN, MERLIN	2.2 NAME	
STREET ADDRESS	1021 HWY. 98, EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, TERRY	3.2 NAME	
STREET ADDRESS	1021 HWY. 98, EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, MARY	4.2 NAME	
STREET ADDRESS	1021 HWY. 98, E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISALVATO, TOM	5.2 NAME	
STREET ADDRESS	1021 HWY. 98, E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP	
TITLE	M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVITSKY, RAYMOND	6.2 NAME	
STREET ADDRESS	1021 HWY. 98, E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	6.4 CITY-ST-ZIP	

*P*  
**ALLAN, MERLIN**  
**1021 HWY 98 EAST**  
**DESTIN FL**

**VPD**  
**ROBERT HAEMER**  
**1021 HWY 98 EAST**  
**DESTIN FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Navitsky* **Raymond Navitsky** 2/15/96 904-654-0085  
Date: 2/15/96 Daytime Phone: 904-654-0085

CRZE037 (12/95)