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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711216

1. Corporation Name

DESTIN CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

1021 HWY. 98. EAST
PO BOX 8
DESTIN FL 32541

1021 HWY. 98. EAST
PO BOX 8
DESTIN FL 32541



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/18/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1145150

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND C. NAVITSKY
1021 HWY. 98, EAST
P.O. BOX 8
DESTIN FL 32540

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	R	<input type="checkbox"/> DELETE
NAME	CARNLEY, BRIDGET	
STREET ADDRESS	1021 HWY 98 E	
CITY-ST-ZIP	DESTIN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PETERSON DALE	
STREET ADDRESS	1021 HWY. 98, EAST	
CITY-ST-ZIP	DESTIN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCGINNIS, SUSAN	
STREET ADDRESS	1021 HWY 98 E	
CITY-ST-ZIP	DESTIN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FULMER, TIM	
STREET ADDRESS	1021 HWY. 98, E.	
CITY-ST-ZIP	DESTIN FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	NAVITSKY, RAYMOND	
STREET ADDRESS	1021 HWY. 98, E.	
CITY-ST-ZIP	DESTIN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCOTT, BRAD	
STREET ADDRESS	101 HWY 98 E	
CITY-ST-ZIP	DESTIN FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peterson, Dale	
1.3 STREET ADDRESS	1021 Hwy 98 E	
1.4 CITY-ST-ZIP	Destin 71 32541	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McGinnis, Susan	
2.3 STREET ADDRESS	1021 Hwy 98 E.	
2.4 CITY-ST-ZIP	Destin 71 32541	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fulmer, Tim	
3.3 STREET ADDRESS	1021 Hwy 98 E.	
3.4 CITY-ST-ZIP	Destin 71.32541	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Scott, Brad	
4.3 STREET ADDRESS	1021 Hwy 98 E	
4.4 CITY-ST-ZIP	Destin 71.32541	
5.1 TITLE	M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Navitsky, Raymond	
5.3 STREET ADDRESS	1021 Hwy 98 E.	
5.4 CITY-ST-ZIP	Destin 71.32541	
6.1 TITLE	B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	McNeil, John	
6.3 STREET ADDRESS	1021 Hwy 98 E	
6.4 CITY-ST-ZIP	Destin 71.32541	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: Raymond C. Navitsky 3/31/99 850-654-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98

0078872