


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90077 036 ****61.25

DOCUMENT # 711216 1. Entity Name DESTIN CHAMBER OF COMMERCE, INC.					
Principal Place of Business 4484 LEGENDARY WAY STE A DESTIN, FL 32541			Mailing Address PO BOX 8 DESTIN, FL 32540		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAYMOND C. NAVITSKY 4484 LEGENDARY DR., STE A DESTIN, FL 32541				Name <i>SHANE MOODY</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>4484 LEGENDARY DR</i>	
				City <i>DESTIN</i> FL Zip Code <i>32541</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE		PRES/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAILEY, JEANE	NAME		<i>SHANE MOODY</i>	
STREET ADDRESS	4484 LEGENDARY WAY	STREET ADDRESS		<i>4484 LEGENDARY DR</i>	
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP		<i>DESTIN, FL 32541</i>	
TITLE	STD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULMER, TIM	NAME			
STREET ADDRESS	4484 LEGENDARY DR	STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 32540	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKMRALL, JOHN	NAME			
STREET ADDRESS	4484 LEGENDARY DR.	STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP			
TITLE	M <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVITSKY, RAYMOND	NAME			
STREET ADDRESS	4484 LEGENDARY DR	STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 32540	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, CARMELA	NAME			
STREET ADDRESS	4484 LEGENDARY DR	STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 32540	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 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: <i>Shane A Moody</i>			Date: <i>3/31/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		