


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90003 016 ****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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOODY, SHANE 4484 LEGENDARY DR., STE A DESTIN, FL 32541				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 September 6, 2006		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	STD	<input checked="" type="checkbox"/> Delete	TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMER, TIM		NAME	KEVIN BOWYER	
STREET ADDRESS	4484 LEGENDARY DR		STREET ADDRESS	36474 EMERALD COAST PKWY, STE 1201	
CITY-ST-ZIP	DESTIN, FL 32540		CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VICE CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKMRALL, JOHN		NAME	KAREN MCCARTHY	
STREET ADDRESS	4484 LEGENDARY DR.		STREET ADDRESS	200 MACK BAYON RD	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, SHANE		NAME		
STREET ADDRESS	4484 LEGENDARY DR		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32540		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	CHIEF ELECT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, CARMELA		NAME	DAVID PLEAT	
STREET ADDRESS	4484 LEGENDARY DR		STREET ADDRESS	4477 LEGENDARY DR. STE 202	
CITY-ST-ZIP	DESTIN, FL 32540		CITY-ST-ZIP	DESTIN, FL 32541	
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		
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: _____			8-8-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40101585



07052006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1145150 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FULMER, TIM	
STREET ADDRESS	4484 LEGENDARY DR	
CITY-ST-ZIP	DESTIN, FL 32540	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SKMRALL, JOHN	
STREET ADDRESS	4484 LEGENDARY DR.	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MOODY, SHANE	
STREET ADDRESS	4484 LEGENDARY DR	
CITY-ST-ZIP	DESTIN, FL 32540	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELL, CARMELA	
STREET ADDRESS	4484 LEGENDARY DR	
CITY-ST-ZIP	DESTIN, FL 32540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN BOWYER	
STREET ADDRESS	36474 EMERALD COAST PKWY, STE 1201	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	VICE CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN MCCARTHY	
STREET ADDRESS	200 MACK BAYON RD	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHIEF ELECT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID PLEAT	
STREET ADDRESS	4477 LEGENDARY DR. STE 202	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #