
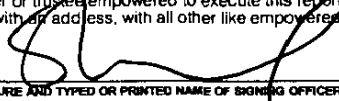


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90059 012 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1145150		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOODY, SHANE 4484 LEGENDARY DR., STE A DESTIN, FL 32541		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	C <input checked="" type="checkbox"/> Delete	TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWYER, KEVIN	NAME	DAVID PLEAT
STREET ADDRESS	38474 EMERALD COAST PKWY SUITE 1201	STREET ADDRESS	4477 LEGENDARY DR. STE 202
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	DESTIN FL 32541
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	IMMEDIATE PAST CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKMRALL, JOHN	NAME	KEVIN BOWYER
STREET ADDRESS	4484 LEGENDARY DR.	STREET ADDRESS	38474 EMERALD COAST PKWY SUITE 1201
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	DESTIN FL 32541
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 checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, CARMELA	NAME	MIKE FREEMAN
STREET ADDRESS	4484 LEGENDARY DR	STREET ADDRESS	200 98 PALMS BLVD.
CITY-ST-ZIP	DESTIN, FL 32540	CITY-ST-ZIP	DESTIN FL 32541
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, KAREN	NAME	
STREET ADDRESS	200 MACK BAYOU RD	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	
TITLE	CE <input checked="" type="checkbox"/> Delete	TITLE	CE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLEAT, DAVID	NAME	MYRA WILLIAMS
STREET ADDRESS	4477 LEGENDARY DR SUITE 202	STREET ADDRESS	10562 EMERALD COAST PKWY
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	DESTIN FL 32550
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 employees.			
SIGNATURE: 		Date: 3/23/07 Daytime Phone #: 850 837 6241	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			