
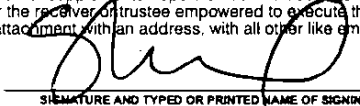


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90023 027 \*\*\*\*61.25

<b>DOCUMENT # 711216</b>			
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
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 <b>FL</b> 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 reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to: <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PLEAT, DAVID 4477 LEGENDARY DR. STE 202 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Immediate Past Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Pleat 4477 Legendary Dr. St. 202 Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOWYER, KEVIN <input checked="" type="checkbox"/> Delete 36474 EMERALD COAST PKWY SUITE 1201 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Myra Williams 10562 Emerald Coast Pkwy Miramar, Beach, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MOODY, SHANE 4484 LEGENDARY DR DESTIN, FL 32540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karen McCarthy 200 Mack Bayou Rd Santa Rosa Beach, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEMAN, MIKE 200 98 PALMS BLVD DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian Haugen 34851 Emerald Coast Pkwy, St. 200 Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCCARTHY, KAREN 200 MACK BAYOU RD SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE WILLIAMS, MYRA 10562 EMERALD COAST PKWY MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SHANE A MOODY 4-16-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #