

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 711216

FILED
Sep 29, 2009
Secretary of State

Entity Name: DESTIN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

4484 LEGENDARY WAY
STE A
DESTIN, FL 32541

New Principal Place of Business:

New Mailing Address:

4484 LEGENDARY WAY
STE A
DESTIN, FL 32541

Current Mailing Address:

PO BOX 8
DESTIN, FL 32540

FEI Number: 59-1145150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOODY, SHANE
4484 LEGENDARY DR., STE A
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SHANE MOODY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PLEAT, DAVID
Address: 4477 LEGENDARY DR. STE 202
City-St-Zip: DESTIN, FL 32541

Title: C () Delete
Name: WILLIAMS, MYRA
Address: 10562 EMERALD COAST PKWY
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: CE () Delete
Name: MCCARTHY, KAREN
Address: 200 MACK BAYOU RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T () Delete
Name: FREEMAN, MIKE
Address: 200 98 PALMS BLVD
City-St-Zip: DESTIN, FL 32541

Title: VC (X) Delete
Name: MCCARTHY, KAREN
Address: 200 MACK BAYOU RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: CE (X) Delete
Name: WILLIAMS, MYRA
Address: 10562 EMERALD COAST PKWY
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MCCARTHY, KAREN
Address: 200 MACK BAYOU RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: IPC (X) Change () Addition
Name: WILLIAMS, MYRA
Address: 10562 EMERALD COAST PKWY
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: CE (X) Change () Addition
Name: HAUGEN, BRIAN
Address: 543 HARBOR BLVD STE 501
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MCCARTHY

C

09/29/2009

Electronic Signature of Signing Officer or Director

Date