


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91007 046 ****61.25

DOCUMENT # 711216

1. Entity Name
DESTIN CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address

4484 LEGENDARY WAY PO BOX 8
DESTIN FL 32541 DESTIN FL 32540

2. Principal Place of Business 3. Mailing Address

4484 Legendary Drive Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite A

City & State City & State

Destin FL City & State

Zip Country Zip Country

32541 USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAYMOND C. NAVITSKY
1021 HWY. 98, EAST
P.O. BOX 8
DESTIN FL 32540

7. Name and Address of New Registered Agent

Name **RAYMOND C. NAVITSKY**

Street Address (P.O. Box Number is Not Acceptable)

4484 LEGENDARY DRIVE

City **Destin** FL Zip Code **32541**

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VD CONERLY, LAMAR 4484 LEGENDARY WAY DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FULMER, TIM 1021 HWY 98 E DESTIN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SKMRALL, JOHN 4484 LEGENDARY DR. DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NAVITSKY, RAYMOND 1021 HWY. 98, E. DESTIN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JEANNE DAILEY 4484 LEGENDARY DRIVE Destin FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4484 LEGENDARY DRIVE Destin FL 32540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4484 LEGENDARY DR. Destin FL 32540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMELA BELL 4484 LEGENDARY DRIVE Destin FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 officers empowered.

SIGNATURE: *[Signature]* 4/1/03 850-654-0885

CR2E037 (10/02)