

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004149

**Entity Name:** ESCAMBIA COUNTY DESTINATION MARKETING ORGANIZATION INC**Current Principal Place of Business:**113 BAYBRIDGE PROFESSIONAL PARK  
GULF BREEZE, FL 32561**Current Mailing Address:**113 BAYBRIDGE PROFESSIONAL PARK  
GULF BREEZE, FL 32561 US**FEI Number: 45-5117640****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACQUEEN, JULIAN B  
113 BAYBRIDGE PROFESSIONAL PARK  
GULF BREEZE, FL 32561 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MACQUEEN, JULIAN B  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

Title T, D  
Name BELLSINGER, TOSH  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

Title D  
Name CARLETON, SUSAN  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

Title D  
Name CLEVELAND, DAVE  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

Title VP  
Name CLEVELAND, ROBERT  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

Title D  
Name CHRISTOPHER, RYAN  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

Title D  
Name BUTLER, HARLAN  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

Title D  
Name PALMER, RAY  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

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*I hereby 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 all other like empowered.*

**SIGNATURE: JULIAN MACQUEEN****PRESIDENT****01/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title T  
Name HESS, MARILYN  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561

Title D  
Name REEVES, JAMES J.  
Address 113 BAYBRIDGE PROFESSIONAL PARK  
City-State-Zip: GULF BREEZE FL 32561