

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004149

Entity Name: ESCAMBIA COUNTY DESTINATION MARKETING
ORGANIZATION INC**FILED**
Apr 14, 2016
Secretary of State
CC0367952171**Current Principal Place of Business:**113 BAYBRIDGE PROFESSIONAL PARK
GULF BREEZE, FL 32561**Current Mailing Address:**113 BAYBRIDGE PROFESSIONAL PARK
GULF BREEZE, FL 32561**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	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	VP
Name	CLEVELAND, ROBERT
Address	113 BAYBRIDGE PROFESSIONAL PARK
City-State-Zip:	GULF BREEZE FL 32561

Title	TREASURER
Name	PATEL, AJIT A
Address	710 NORTH PALAFOX STREET
City-State-Zip:	PENSACOLA FL 32501

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

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

Continues on page 2

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: AJIT PATEL**TREASURER****04/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D
Name PATEL, NASH
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

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