

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90003 016 ****61.25

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| | | | | | |
|--|--------------------|--|--|---------------------------------------|--|
| DOCUMENT # 711216 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1145150 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | STD | | TITLE | CHAIRMAN | |
| NAME | FULMER, TIM | | NAME | KEVIN BOWYER | |
| STREET ADDRESS | 4484 LEGENDARY DR | | STREET ADDRESS | 36474 EMERALD COAST PKWY, STE 1201 | |
| CITY-ST-ZIP | DESTIN, FL 32540 | | CITY-ST-ZIP | DESTIN, FL 32541 | |
| TITLE | VPD | | TITLE | VICE CHAIRMAN | |
| NAME | SKMRALL, JOHN | | NAME | KAREN MCCARTHY | |
| STREET ADDRESS | 4484 LEGENDARY DR. | | STREET ADDRESS | 200 MACK BAYOU RD | |
| CITY-ST-ZIP | DESTIN, FL 32541 | | CITY-ST-ZIP | SANTA ROSA BEACH FL 32459 | |
| TITLE | PCEO | | TITLE | | |
| NAME | MOODY, SHANE | | NAME | | |
| STREET ADDRESS | 4484 LEGENDARY DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | DESTIN, FL 32540 | | CITY-ST-ZIP | | |
| TITLE | VD | | TITLE | CHAIR ELECT | |
| NAME | BELL, CARMELA | | NAME | DAVID PLEAT | |
| STREET ADDRESS | 4484 LEGENDARY DR | | STREET ADDRESS | 4477 LEGENDARY DR. STE 202 | |
| CITY-ST-ZIP | DESTIN, FL 32540 | | CITY-ST-ZIP | DESTIN, FL 32541 | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | | |
| <small>Daytime Phone #</small> | | | | | |