## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT #711216** 1. Entity Name DESTIN CHAMBER OF COMMERCE, INC. 03-26-2007 90059 012 \*\*\*\*61.25 Principal Place of Business Mailing Address 4484 LEGENDARY WAY PO BOX 8 STE A DESTIN, FL 32540 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite Apt. #. etc. 01102007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1145150 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOODY, SHANE 4484 LEGENDARY DR., STE A Street Address (P.O. Box Number is Not Acceptable) DESTIN, FL 32541 City Zip Code 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 Signature, typed or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. C С Addition TITLE Delete TITLE Change BOWYER, KEVIN NAME DAVID PLEAT 4477 LEGENDARY DR. STE 202 STREET ADDRESS 36474 EMERALD COAST PKWY SUITE 1201 STREET ADDRESS CITY-ST-ZIP **DESTIN, FL 32541** CITY-ST-ZIP DESTIN FL 32541 VPD Delete TITLE Change Addition TITLE IMMEDIATE PAST CHARMAN SKMRALL, JOHN NAME NAME KEVIN BOWYER 36474 EMERALD CONST PRWY SUITE 1201 STREET ADDRESS 4484 LEGENDARY DR. STREET ADDRESS CITY-ST-ZP DESTIN, FL 32541 CITY-ST-ZIP DESTIN FL 32541 PCEO Change Addition ПΠЕ ☐ Delete TITLE MOODY, SHANE NAME NAME STREET ADDRESS STREET ADDRESS 4484 LEGENDARY DR CITY-ST-719 DESTIN, FL 32540 CITY-ST-7P Defete TITLE VD TREASURER Change Addition MIKE FREEMAN BELL, CARMELA NAME STREET ADDRESS 4484 LEGENDARY DR STREET ADDRESS 98 PALMS BLUD. 200 CITY-ST-ZIP DESTIN, FL 32540 CITY-ST-ZIP DESTIN FL 32541 TITLE Change ■ Addition TITLE ☐ Delete NAME MCCARTHY, KAREN NAME STREET ADDRESS 200 MACK BAYOU RD STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP CE Delete TITLE ☐ Change **Z**Addition TITLE CE PLEAT, DAVID MYRA WILLIAMS NAME NAME 10562 EMERALD COAST PEWY 4477 LEGENDARY DR SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-7P DESTIN, FL 32541 CITY-ST-7/P DESTIN FL 32550 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empor changed, or on an attachment with

OFFICER OR DIRECTOR

FILED

Mar 26, 2007 8:00 am