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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740393 (4)

1. Corporation Name

DESTIN CHARTER BOAT ASSOCIATION, INC.



Principal Place of Business  
#1, 220 ANN CR.  
709 WHIPPOORWILL LN  
P.O. BOX 103  
DESTIN FL 32541

Mailing Address  
709 WHIPPOORWILL LN  
P.O. BOX 103  
DESTIN FL 32541-1937

3. Date Incorporated or Qualified 10/12/1977 3a. Date of Last Report 03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number 59-1450606

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KLOSTERMAN, TOM~~  
~~709 WHIPPOORWILL LN~~  
~~DESTIN FL 32541~~  
KLOSTERMAN, TOM  
709 WHIPPOORWILL LN  
DESTIN, FL 32541

81 Name WALKER, STOKES  
82 Street Address (P.O. Box Number is Not Acceptable)  
#1, 220 ANN CIRCLE  
83  
84 City DESTIN FL 85 Zip Code 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Wm. Stokes Walker* Wm. Stokes Walker 1/9/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KLOSTERMAN, TOM  
STREET ADDRESS 709 WHIPPOORWILL LN  
CITY-ST-ZIP DESTIN FL ☒ DELETE

1.1 TITLE VD  
1.2 NAME McDENALD, BILL  
1.3 STREET ADDRESS 825 CROSS ST  
1.4 CITY-ST-ZIP DESTIN, FL 32541 ☐ Change ☒ Addition

TITLE TD  
NAME WALKER, STOKES  
STREET ADDRESS #1, 220 ANN CIRCLE  
CITY-ST-ZIP DESTIN FL ☐ DELETE

2.1 TITLE SD  
2.2 NAME VAUGHN, ANDY  
2.3 STREET ADDRESS 104 CALHOUN AVE.  
2.4 CITY-ST-ZIP DESTIN, FL 32541 ☐ Change ☒ Addition

TITLE VD  
NAME REYNOLDS, KIRK  
STREET ADDRESS 713 E HWY 98  
CITY-ST-ZIP DESTIN FL ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME ELLER, MIKE  
STREET ADDRESS 646 HWY 98 E.  
CITY-ST-ZIP DESTIN FL ☐ DELETE

4.1 TITLE PD  
4.2 NAME ELLER, MIKE  
4.3 STREET ADDRESS 646 HWY 98 E  
4.4 CITY-ST-ZIP DESTIN FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wm. Stokes Walker* Wm. Stokes Walker 1/9/97 904-837-4749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-837-4749

CR2E037 (9/96)