

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91289 018 ****61.25

DOCUMENT # 746750 1. Entity Name DESTIN SNOWBIRDS, INC.					
Principal Place of Business P O BOX 1367 DESTIN FL 32540			Mailing Address P O BOX 1367 DESTIN FL 32541		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2466105	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRANDES, H. MAXINE 955 AIRPORT ROAD APT 524 DESTIN FL 32541				Name Ford N. Sims Street Address (P.O. Box Number is Not Acceptable) 150 Gulf Shore Drive Unit 103 City Destin FL Zip Code 32541	
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 <u><i>Ford N. Sims</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	SD GARRETT, PAT 4000 GULF TERRACE DRIVE DESTIN FL 32541 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ford N. Sims 150 Gulf Shore Dr. Unit 103 FL 32541 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANDES, H MAXINE 955 AIRPORT ROAD, APT 524 DESTIN FL 32541 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Harry Goggins 745 Gulf Shore Dr Unit 9136 Destin, FL 32541 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTMEIER, GRACE PO BOX 207 MENOMONIE WI 54151 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALSH, BRIAN 42 MICHAEL AVE. PLATTSBURGH NY 12901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOKSEY, DONALD 593 BARRETT RD BEREA OH 44017 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jan Werner 2487 202 Street Luck, Wis. 54853 ☐ Change ☒ Addition		
12. I 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 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: <u><i>Ford N. Sims</i></u>		04-22-04 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			