

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 760604 (9)**

1. Corporation Name

**OLD DESTIN POST OFFICE MUSEUM, INC.**

Principal Place of Business

P O BOX 691  
DESTIN FL 32540

Mailing Address

P O BOX 691  
DESTIN FL 32540



3. Date Incorporated or Qualified  
**11/05/1981**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2140509**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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

**BURLESON, WILLIAM D.  
540 JUANITA DRIVE  
DESTIN FL 32541**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VTD** ☒ DELETE  
NAME **MIZELL, JUNE**  
STREET ADDRESS **508 BEACH DRIVE**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VD** ☒ DELETE  
NAME **VAGIAS, CAROLYN**  
STREET ADDRESS **815 TARPON DRIVE**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **PD** ☒ DELETE  
NAME **CALHOUN, ALLEN R JR**  
STREET ADDRESS **318 BENNING DRIVE**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **SD** ☒ DELETE  
NAME **JONES, DOROTHY N**  
STREET ADDRESS **627 MIMOSA**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☐ DELETE  
NAME **TAYLOR, WILLIE MAE**  
STREET ADDRESS **233 CALHOUN AVENUE**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☒ DELETE  
NAME **TAYLOR, LINDA**  
STREET ADDRESS **231 CALHOUN AVENUE**  
CITY-ST-ZIP **DESTIN FL 32541**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VTD** ☒ Change ☐ Addition  
1.2 NAME **TAYLOR, DORIS J.**  
1.3 STREET ADDRESS **235 CALHOUN AVE.**  
1.4 CITY-ST-ZIP **DESTIN, FL 32541**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **BURLESON, BILL**  
2.3 STREET ADDRESS **540 JUANITA DR.**  
2.4 CITY-ST-ZIP **DESTIN, FL 32541**

3.1 TITLE **PD** ☒ Change ☐ Addition  
3.2 NAME **TAYLOR, LINDA**  
3.3 STREET ADDRESS **231 CALHOUN AVE.**  
3.4 CITY-ST-ZIP **DESTIN, FL 32541**

4.1 TITLE **SD** ☒ Change ☐ Addition  
4.2 NAME **TICKNER, DOONEY**  
4.3 STREET ADDRESS **700 GULF SHORE DR #2034**  
4.4 CITY-ST-ZIP **DESTIN, FL 32541**

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

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **LIVINGSTON, LIZ**  
6.3 STREET ADDRESS **188 BENT ARROW**  
6.4 CITY-ST-ZIP **DESTIN, FL 32541**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Doris J. Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-96**

**837-2370**

Date

Daytime Phone #

CR2E037 (12/95)