

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32540-0691**

3. Date Incorporated or Qualified

11/05/1981

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

4. FEI Number

59-2140509

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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** ☐ DELETENAME **TAYLOR, DORIS J.**
STREET ADDRESS **235 CALHOUN AVE**
CITY-ST-ZIP **DESTIN FL**TITLE **VD** ☐ DELETENAME **BURLESON, BILL**
STREET ADDRESS **540 JUANITA DR**
CITY-ST-ZIP **DESTIN FL**TITLE **PD** ☐ DELETENAME **TAYLOR, LINDA**
STREET ADDRESS **231 CALHOUN AVE.**
CITY-ST-ZIP **DESTIN FL**TITLE **SD** ☐ DELETENAME **TICKNER, DOONEY**
STREET ADDRESS **900 GULF SHORE DRIVE, #2034**
CITY-ST-ZIP **DESTIN FL**TITLE **D** ☐ DELETENAME **TAYLOR, WILLIE MAE**
STREET ADDRESS **233 CALHOUN AVENUE**
CITY-ST-ZIP **DESTIN FL 32541**TITLE **D** ☐ DELETENAME **LIVINGSTON, LIZ**
STREET ADDRESS **188 BENT ARROW**
CITY-ST-ZIP **DESTIN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Linda Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073569

CR2E037 (9/96)