


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 760604 1. Entity Name OLD DESTIN POST OFFICE MUSEUM, INC.	
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Principal Place of Business 101 STAHLMAN AVE DESTIN, FL 32540	Mailing Address 235 CALHOUN AVENUE DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



01082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2140509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAYLOR, ROBERT J 231 CALHOUN AVENUE DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD TAYLOR, DORIS J 235 CALHOUN AVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TICKNER, DOONEY 900 GULF SHORE DRIVE, #2034 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIVINGSTON, LIZ 188 BENT ARROW DESTIN, FL 32541
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03/09/05-80022-002 61.25

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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: *Doris J. Taylor* *March 7, 2005* *850 837-2370*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #