

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001494

FILED
Apr 26, 2007
Secretary of State

Entity Name: DESTIN FISHING MUSEUM FOUNDATION, INC.

Current Principal Place of Business:

108 STALHMAN AVE
DESTIN, FL 32540

New Principal Place of Business:

108 STALHMAN AVE
DESTIN, FL 32541

Current Mailing Address:

P.O. BOX 548
DESTIN, FL 32540

New Mailing Address:

FEI Number: 38-3676873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELVIN, JEAN S
127 CALHOUN AVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MELVIN, JEAN S
135 CALHOUN AVE
DESTIN, FL 32541 US

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.

SIGNATURE: _____

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLCOMB, JIM DR.
Address: 281 INDIGO LOOP S.
City-St-Zip: DESTIN, FL 32550

Title: VD () Delete
Name: LOWRY, RICK
Address: 416 BEACH DR
City-St-Zip: DESTIN, FL 32540

Title: TD () Delete
Name: DONALDSON, HELEN
Address: 326 STALHMAN AVE
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: BAKER, JACK
Address: 289 BEACHVIEW DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: CD () Delete
Name: GATES, DAVID
Address: 544 SIBERT AVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLCOMB, TIMOTHY O MD AAFP
Address: 281 INDIGO LOOP S.
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LONG, MIKE
Address: 321 STILLWATER COVE
City-St-Zip: DESTIN, FL 32541

Title: SEC (X) Change () Addition
Name: THOMAS-MONTALVO, FRANCES
Address: 749 RANDALL ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET CHAPMAN

AD

04/26/2007

Electronic Signature of Signing Officer or Director

Date