2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# N07000012254

Entity Name: DESTIN EMERALD COAST SWIMMING BOOSTER CLUB INC.

Current Principal Place of Business:

4345 COMMONS DR WEST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

204 BUCK DR.
FT. WALTON BEACH, FL 32548

New Mailing Address:

204 BUCK DRIVE
FT WALTON BEACH, FL 32548

FEI Number: 26-1708571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROM, TRACY
204 BUCK DR.
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLOWERS, PHYLLIS
Address: PO BOX 6133
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: V ( ) Delete
Name: DAVIDSON, KIM
Address: 110 MANTERO WAY
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete
Name: REGEN, SHARON
Address: 602 GRENADA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: EWING, WENDY
Address: 4563 WOODWIND DR.
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WENDY EWING T 02/19/2008

Electronic Signature of Signing Officer or Director — Date