

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 # N18528 (2)

1. Corporation Name

DESTIN FISHING MUSEUM, INC.



Principal Place of Business

35 HWY 98 E.
DESTIN FL 32541

Mailing Address

35 HWY 98 E.
DESTIN FL 32541

3. Date Incorporated or Qualified
12/04/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **20009 Emerald Coast Pkwy.**

2a. Mailing Address
26 **P.O. Box 1662**

4. FEI Number
59-2780656

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **Suite B**

Suite, Apt. #, etc.
27

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

City & State
23 **Destin, FL**

City & State
28 **Destin, FL**

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

Zip
24 **32541**

Country
25 **USA**

Zip
29 **32540**

Country
30 **USA**

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

**DOONEY, TICKNER
900 GULF SHORE DRIVE 2034
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 ☐ DELETE
NAME **TD COOK, NANCY**
STREET ADDRESS **1138 BAY CT.**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ DELETE
NAME **SD POWERS, DEBBIE**
STREET ADDRESS **3755 HWY 98 #3A**
CITY-ST-ZIP **DESTIN FL 32540**

TITLE ☐ DELETE
NAME **PD TICKNER, DOONEY**
STREET ADDRESS **900 GULF SHORE DR. #2034**
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE
NAME **D MELVIN, JEAN**
STREET ADDRESS **206 HWY 98 E**
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

Dooney Tickner Dooney Tickner, Pres. 4/30/96 914-837-8572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)