

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37417

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** DESTIN ROTARY SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

986A AIRPORT RD  
DESTIN, FL 32540 US

**New Principal Place of Business:**

36474C EMERALD COAST PARKWAY  
3301  
DESTIN, FL 32541 US

**Current Mailing Address:**

PO BOX 951  
DESTIN, FL 32540 US

**New Mailing Address:**

36474C EMERALD COAST PARKWAY  
3301  
DESTIN, FL 32541 US

**FEI Number:** 59-3051188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGILL, ROBERT E  
36068 EMERALD COAST PKWY  
DESTIN, FL 32541 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: PD ( ) Delete  
Name: EMERSON, DAVID  
Address: 559 KELLY STREET  
City-St-Zip: DESTIN, FL 32541

Title: TD ( ) Delete  
Name: DYKES, HAYWARD  
Address: 2468 COUNTY HIGHWAY 3280  
City-St-Zip: FREEPORT, FL 32439

Title: SD ( ) Delete  
Name: JONES, CRAWFORD  
Address: 160 INDIAN BAYOU DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: VAUGHN, CHRIS  
Address: 912 BAY GROVE ROAD  
City-St-Zip: FREEPORT, FL 32439

Title: D (X) Delete  
Name: OTT, DAVID  
Address: 107 MARK STREET  
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:

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: DAVID EMERSON

PD

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date