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**Mar 02, 1999 8:00 am**  
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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002302**

1. Corporation Name

**THE GREENING OF DESTIN, INC.**

Principal Place of Business  
P.O. BOX 1392  
DESTIN FL 32540

Mailing Address  
P.O. BOX 1392  
DESTIN FL 32540



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/09/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3246699</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>KRAEMER, MARY K</b> <b>727 HIGHWAY 98 EAST</b> <b>DESTIN FL 32541</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	ALDEN, JANE		1.1 TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	500 GULF SHORE DRIVE		1.2 NAME	HULL, MARCIA	
CITY-ST-ZIP	DESTIN FL 32541		1.3 STREET ADDRESS	82 TARPON ST.	
			1.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUNNALLY, BRUCE		2.2 NAME	MOODY, WILDA	
STREET ADDRESS	762 BENNING DR.		2.3 STREET ADDRESS	40 TERRA COTTA WAY	
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUGH, HERB		3.2 NAME	BROUGH, HERB	
STREET ADDRESS	745 INDIAN TRAIL		3.3 STREET ADDRESS	520 GULF SHORE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAUL, BRUCE		4.2 NAME	CRAUL, BRUCE	
STREET ADDRESS	35000 EMERALD COAST PARKWAY		4.3 STREET ADDRESS	42 TERRA COTTA WAY	
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDIMAN, KIM		5.2 NAME	COHEN, CLIFF	
STREET ADDRESS	P O BOX 697 N/A		5.3 STREET ADDRESS	P.O. BOX 927 (N/A)	
CITY-ST-ZIP	DESTIN FL		5.4 CITY-ST-ZIP	DESTIN, FL 32540	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTESEN, RUSS		6.2 NAME	MEISTER, CHUCK	
STREET ADDRESS	119 COUNTRY CLUB DRIVE		6.3 STREET ADDRESS	4200 TWO TREES ROAD	
CITY-ST-ZIP	DESTIN FL		6.4 CITY-ST-ZIP	DESTIN, FL 32541	

14. 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 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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Wilda S. Moody*  
WILDA S. MOODY  
850-837-5462  
SECRETREAS

CR2E037 (11/98)