2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002302

1. Entity Name
THE GREENING OF DESTIN, INC.

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

DO NOT WRITE IN THIS SPACE

04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3246699
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRAEMER, MARY K
727 HIGHWAY 98 EAST
DESTIN, FL 32541

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000140829
04/29/04-80178-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACNULTY, SAM
STREET ADDRESS	15400 EMERALD COAST #1103
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	TSD
NAME	MOODY, HILDA
STREET ADDRESS	40 TERRA COTTON WAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	TOLBERT, PAT
STREET ADDRESS	935 BAMBI DRIVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	ODOM, LESLIE
STREET ADDRESS	516 MAIN STREET
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	MCMILLAN, LOU
STREET ADDRESS	59 COUNTRY CLUB DR. E
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	CHRISTESEN, RUSS
STREET ADDRESS	119 COUNTRY CLUB DRIVE
CITY-ST-ZIP	DESTIN, FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hilda S. Moody Hilda S. Moody Treas/Sec 4/27/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #