

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002302**

1. Entity 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

**DO NOT WRITE IN THIS SPACE**



04142005 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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

000000355858  
05/04/05-80011-009 61.25

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IN THIS SPACE**

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 Moody - Treasurer - Sec.* 4-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #