

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90026 001 ****58.80
07-19-2007 90026 002 *****2.45

66020478



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3450365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VACATIONS, DALE E P
2996 SCENIC HWY 98E
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASNEY, CHERYL 3033 STEEPLE LATS COVE GERMANTOWN, TN 38138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRING, CHUCK 2757 RIVERWOOD LN MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMER, JR, BECHAM JR 1119 CANYON ROAD NORTH TUSCALOOSA, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEIMER, KURT 2996 SCENIC HWY 98 E STE302 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM HAMILTON, COLEN 2996 SCENIC HWY 98E DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst. Secretary Kathleen Curle 2996 scenic Hwy 98 Destin, FL 32541</i>

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kathleen Curle / Asst. Secretary* Date *7/5/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #