

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004487

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF DESTINATION MARKETING ORGANIZATIONS, INC.

**Current Principal Place of Business:**

335 BEARD ST  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14629  
TALLAHASSEE, FL 323174629

**New Mailing Address:**

**FEI Number:** 65-0685010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKROB, ROBERT  
335 BEARD STREET  
TALLAHASSEE, FL 32303 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: C  
Name: MCQUEEN, CAROL  
Address: PO BOX 1324  
City-St-Zip: BRONSON, FL 32621

Title: T  
Name: ROWE, DAN  
Address: PO BOX 9473  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S  
Name: PIGOTT, TAMARA  
Address: 2201 SECOND STREET, STE. 600  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: DUNN, MATT  
Address: 112 N. MAGNOLIA AVE.  
City-St-Zip: OCALA, FL 34475

Title: D  
Name: DANIEL, LEE  
Address: 106 EAST JEFFERSON STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: WHEELER, HAROLD  
Address: 1201 WHITE STREET, STE. 102  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: CAROL MCQUEEN

C

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date