


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90049 026 \*\*\*\*61.25

**DOCUMENT # N97000006263**

1. Entity Name  
**UNITED FOR DESTIN, INC.**



Principal Place of Business      Mailing Address  
**445 CALHOUN AVENUE      445 CALHOUN AVENUE**  
**DESTIN FL 32541            DESTIN FL 32541**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

4. FEI Number      Applied For  
**59-3485321**                      Not Applicable

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



MOORE      CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**

**WILLIAMS, DIANA**  
**445 CALHOUN AVENUE**  
**DESTIN FL 32541**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City                      **FL**      Zip Code

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)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, KENNY	
STREET ADDRESS	4088 INDIAN BAYOU N	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DIANA	
STREET ADDRESS	445 CALHOUN AVENUE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID R	
STREET ADDRESS	445 CALHOUN AVENUE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, GAYLAN	
STREET ADDRESS	955 AIRPORT RD #1514	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAILLARD, REGINA	
STREET ADDRESS	705 GULF SHORE DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Diana Williams      SEC/Treas      4/3/04      850-837-3423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #