

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005855

**Entity Name:** DESTIN FISHERMEN'S FOUNDATION, INC.**Current Principal Place of Business:**210 HIGHWAY 98  
SUITE C  
DESTIN, FL 32541**Current Mailing Address:**PO BOX 1075  
DESTIN, FL 32540**FEI Number:** 01-0970116**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WREN, MARC  
2060 SPRING LAKE ROAD  
DEFUNIAK SPRINGS, FL 32433 US*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**Officer/Director Detail :**

Title	PD
Name	WREN, MARK
Address	2060 SPRING LAKE ROAD
City-State-Zip:	DEFUNIAK SPRINGS FL 32433

Title	VPD
Name	THRASHER, KATIE
Address	514 FIRST AVENUE
City-State-Zip:	DESTIN FL 32541

Title	VPD
Name	GATES, DAVID
Address	544 SIBERT AVENUE
City-State-Zip:	DESTIN FL 32541

Title	SD
Name	BIGGERS, KAY
Address	638 SEAVIEW DRIVE
City-State-Zip:	DESTIN FL 32541

Title	TD
Name	PARKER, MARGUERITE
Address	827 KELL-AIRE COURT
City-State-Zip:	DESTIN FL 32541

*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:** MARGUERITE PARKER**DIRECTOR TREASURER****02/02/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date