

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008035

**Entity Name:** GULF COAST CITIZEN DIPLOMACY COUNCIL, INC.

**Current Principal Place of Business:**

150 W MAXWELL ST  
PENSACOLA, FL 32501

**Current Mailing Address:**

150 W MAXWELL ST  
PENSACOLA, FL 32501 US

**FEI Number: 80-0249546**

**Certificate of Status Desired: No**

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

MELANCON, JENA C  
150 W MAXWELL ST  
PENSACOLA, FL 32501 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: JENA CAROL MELANCON**

**03/19/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           THOMSON, TODD  
Address        150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title           DIRECTOR  
Name           VAN REETH, JEANNINE  
Address        150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title           DIRECTOR  
Name           HENDRIX, RACHEL  
Address        150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title           DIRECTOR  
Name           COLLARD, CARLOS  
Address        150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title           DIRECTOR  
Name           TIPPINS PARKER, JULIE  
Address        150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title           CEO  
Name           MELANCON, JENA  
Address        150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title           CHAIR  
Name           DESANTIS, LEIGH  
Address        150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title           SECRETARY  
Name           NORMAN, JEAN  
Address        150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

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*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: JENA MELANCON**

**CEO**

**03/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VICE CHAIR  
Name KELLEY, HENRY  
Address 150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name JURKOWICH, KAREN  
Address 150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name ROARK, CLYDE  
Address 150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name SMITH, TIERRA  
Address 150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name HOWARD, EDWIN  
Address 150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name PLEER, MELISSA  
Address 150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name BRADLEY, ANGEL  
Address 150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name YELVERTON, ELIZABETH  
Address 150 W MAXWELL ST  
City-State-Zip: PENSACOLA FL 32501