

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **848906** (4)
1. Corporation Name
ENVIRONMENTAL DEFENSE FUND, INCORPORATED



Principal Place of Business Mailing Address
257 PARK AVENUE SOUTH **257 PARK AVENUE SOUTH**
NEW YORK NY 10010 **NEW YORK NY 10010**

3. Date Incorporated or Qualified **04/21/1981** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 11-6107128	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELLIE, LOIS
20725 SOUTHWEST 114TH PLACE
MIAMI FL 33189

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> DELETE
NAME	ALDERMAN, NANCY O	
STREET ADDRESS	1191 RIDGE ROAD	
CITY-ST-ZIP	NORTH HAVEN CT	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BENCHLEY, WENDY	
STREET ADDRESS	35 BOUDINOT STREET	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BENKARD, JAMES W.B.	
STREET ADDRESS	1192 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BINGHAM, SALLY G	
STREET ADDRESS	7 LAUREL ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CATTO, JESSICA	
STREET ADDRESS	1036 LITTLE WOODY CREEK	
CITY-ST-ZIP	WOOD CREEK CO	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CECIL, MARY R. (MIMI)	
STREET ADDRESS	7 FRITH DRIVE	
CITY-ST-ZIP	ASHEVILLE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)