2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
02-25-2008 90060 044 ****61.25

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DOCUMENT # N00000000921

1. Entity Name
H CANAL DEFENSE FUND INC.

Principal Place of Business	Mailing Address
P. O. BOX 542264 MERRITT ISLAND, FL 32954	P. O. BOX 542264 MERRITT ISLAND, FL 32954

02022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Bob Bret	Robert E. BRET
Suite, Apt. #, etc. 2190 Dumas St.	Suite, Apt. #, etc. 2190 DUMAS ST.
City & State MERRITT Island, FL	City & State MERRITT ISLAND, FL
Zip: 32952 Country: BREVARD	Zip: 32952 Country: BREVARD

4. FEI Number: 59-3630028 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRET, ROBERT E 2190 DUMAS STREET MERRITT ISLAND, FL 32952	Name: Robert E BRET Street Address (P.O. Box Number is Not Acceptable): 2190 DUMAS ST. City: MERRITT ISLAND FL Zip Code: 32952

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: Robert E. Bret 2/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT BRET, ROBERT E PO BOX 540342 MERRITT ISLAND, FL 32954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FRED TUCKER 2190 REYNARD PL. MERRITT ISLAND 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V PRES HUBER, JOHN PO BOX 540342 MERRITT ISLAND, FL 32954	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN HUBER 2205 QUEEN ANNE ST. MERRITT ISLAND FL 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER HILL, GAIL P. O. BOX 540342 MERRITT ISLAND, FL 32954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WALT KIRCHEL 135 E SCOTS AVE MERRITT ISLAND, FL 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V PRES LAYNE, SAM P. O. BOX 540342 MERRITT ISLAND, FL 32954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RON SPAKE 2205 QUEEN ANNE ST. MERRITT, ISLAND, FL 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V PRES SAGERMAN, GARY P. O. BOX 540342 MERRITT ISLAND, FL 32954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JULIE TUCKER 2190 REYNARD PL MERRITT ISLAND, FL 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Robert E. Bret 2/16/08