

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # N01000001811

1. Entity Name
GULF & EAST BAY SEA-TURTLE PATROL, INC.



Principal Place of Business
**6806 WEST HIGHWAY 98
PORT ST JOE, FL 32456**

Mailing Address
**6806 WEST HIGHWAY 98
PORT ST JOE, FL 32456**



03042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3703152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EELLS, BARBARA A
6806 WEST HIGHWAY 98
PORT ST JOE, FL 32456**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EELLS, BARBARA A 6806 WEST HIGHWAY 98 PORT ST JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCM BOONE, PAULA 235 WARD STREET PORT ST JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTILLA, MARY 7208 ALABAMA STREET PORT ST JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMITT, ZEBE 8181 W HWY 98 PORT ST JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000849827
03/21/08-80036-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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 111.5f changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Eells*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08
Date

850-647-8238
Daytime Phone #