

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 28, 2007 08:00 A
Secretary of State**

DOCUMENT # N92000000699

1. Entity Name
GULF COAST ENVIRONMENTAL DEFENSE, INC.



Principal Place of Business

**P.O. BOX 732
GULF BREEZE, FL 32562 US**

Mailing Address

**P.O. BOX 732
GULF BREEZE, FL 32562 US**



02262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3136070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SISSKIN, ENID E
4172 MADURA FOUR
GULF BREEZE, FL 32161**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOHAN, BARBARA
STREET ADDRESS	208 NAVARRE ST
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	BENNETT, ANN
STREET ADDRESS	P O BOX 3571
CITY-ST-ZIP	PENSACOLA, FL 32516
TITLE	D
NAME	SISSKIN, ENID
STREET ADDRESS	4172 MADURA FOUR
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/07-80022-003 61.25

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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Enid Siskin *Enid Siskin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07 *850-261-0460*
Date Daytime Phone #