

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005029

Entity Name: FISH & WILDLIFE FOUNDATION OF FLORIDA, INC.**Current Principal Place of Business:**620 S MERIDIAN ST
TALLAHASSEE, FL 32399-1600**Current Mailing Address:**P.O. BOX 11010
TALLAHASSEE, FL 32302**FEI Number: 59-3277808****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRADFORD, JAMES W
2574 SEAGATE DRIVE
STE. 100
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title S
Name PARKER, CONNIE
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302Title PRESIDENT/CEO
Name WALKER, ANDREW
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302Title VC
Name ALFONSO, CARLOS
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302Title TREASURER
Name BARCO, KATHY
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302Title CFO
Name BRADFORD, JAMES W
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302Title CHAIRMAN
Name CORBETT, RICHARD
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302Title VC
Name CURLETT, JACK
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302

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: JAMES W BRADFORD**CFO****03/31/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date