

**2019 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  
2082 SUMMIT LAKE DR.  
TALLAHASSEE, FL 32317 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 32302

Title	PRESIDENT/CEO
Name	WALKER, ANDREW
Address	P.O. BOX 11010
City-State-Zip:	TALLAHASSEE FL 32302

Title	VC
Name	ALFONSO, CARLOS
Address	P.O. BOX 11010
City-State-Zip:	TALLAHASSEE FL 32302

Title	VC
Name	FARRIOR, PRESTON
Address	P.O. BOX 11010
City-State-Zip:	TALLAHASSEE FL 32302

Title	CFO
Name	BRADFORD, JAMES W
Address	P.O. BOX 11010
City-State-Zip:	TALLAHASSEE FL 32302

Title	CHAIRMAN
Name	CORBETT, RICHARD
Address	P.O. BOX 11010
City-State-Zip:	TALLAHASSEE FL 32302

Title	TREASURER
Name	BARCO, KATHY
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****04/02/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date