

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005029

Entity Name: 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	C
Name	WOOD, DAPHNE
Address	676 LIVE OAK LANE
City-State-Zip:	MONTICELLO FL 32344

Title	CEO
Name	BOSTON, CHARLES B
Address	1335 SEALE DRIVE
City-State-Zip:	ALPHARETTA GA 30022

Title	T
Name	KIBLER, THOMAS B
Address	3715 KIBLER RANCH ROAD
City-State-Zip:	MYAKKA CITY FL 34251

Title	S
Name	WILEY, NICK
Address	620 S MERIDIAN ST
City-State-Zip:	TALLAHASSEE FL 32399

Title	CFO
Name	BRADFORD, JAMES W
Address	2574 SEAGATE DRIVE STE. 100
City-State-Zip:	TALLAHASSEE FL 32301

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

03/22/2013

Electronic Signature of Signing Officer/Director Detail_____
Date