

**2021 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  
620 S MERIDIAN ST  
TALLAHASSEE, FL 32399-1600 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 TREASURER  
Name BARCO, KATHY  
Address P.O. BOX 11010  
City-State-Zip: TALLAHASSEE FL 32302

Title VC  
Name RUSSELL, LAURA  
Address PO BOX 11010  
City-State-Zip: TALLAHASSEE FL 32302

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

Title CHAIRMAN  
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

*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

COO

04/05/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date